

Southern Illinois University Edwardsville
Third Party Service Provider Risk Assessment

Department _____

Completed by _____ Phone No. _____ Date _____

Project Name _____

Vendor _____

Enter Description of Services:

Application / Service Environment

Yes

No

Does my vendor require me to sign on to their services through a website, an application, or require me to connect software to the internet?

Is campus Information Technology involved with designing, purchasing or implementing this product/solution?

Data - Does the vendor handle, process or store any of the following on behalf of the University?

Yes

No

Financial transactions or data

Bank account numbers (employee, student, vendor, etc.)

Credit card transactions or data (PCI)

Personal health information (PHI)

Social security or driver's licenses numbers (PII)

Student grades, class lists, course schedules, etc. (FERPA data)

Data not mentioned above that is protected/regulated by state or federal law

If you answered "Yes" to any of the questions in the above sections, you may need to request a SOC Report from the vendor. Indicate if one of the following possible exceptions apply.

POSSIBLE EXCEPTIONS

Yes

No

The scope/impact of this service (based on transaction volume, dollar amount, etc.) is very low

The service is covered by PCI Compliance

The service is covered by HIPPA Compliance

INSTRUCTIONS

Print and inter office mail the completed form to:

A copy of this form should be retained in your department records.

Below to be completed by Information Technology

Check if applicable

A SOC Report is not required

Department should request a SOC and complete the SOC Review Checklist

Information Technology will request appropriate SOC Report and the SOC Review Checklist will be completed.