



# Risk Management Electronic Agreement Cover Sheet

For Electronic Click-Through Type Agreements including Software or Software-as-a-Service

SUBMIT completed form to [Riskcontracts@psu.edu](mailto:Riskcontracts@psu.edu)

Date Submitted: \_\_\_\_\_

Review Needed by: \_\_\_\_\_

Initiating Department Information:

Vendor Name: \_\_\_\_\_

College/Campus/Admin Area: \_\_\_\_\_

Vendor only accepts electronic agreements? Yes \_\_\_ No \_\_\_

Contact Person: \_\_\_\_\_

If no, it is strongly preferred you request a hard copy document to be signed.

Phone Number: \_\_\_\_\_

Agreement Type: New \_\_\_ Renewal \_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Provide the link where the electronic agreement can be viewed:

If no link is available, please submit the electronic agreement, separately with this cover sheet.

Acknowledgement: Select one of the two options below for this electronic agreement.

**1**  Department is requesting approval for a one-time delegation to permit department to accept the agreement electronically on behalf of the University. Department is confirming by this request that they have read and agree with the terms including, if any, the financial obligations and business terms in the electronic agreement. Department also acknowledges that it is responsible to keep a copy of the contract on file as the official University record.

**OR**

**2**  Department is requesting this electronic agreement be reviewed only and does not want to request a one-time delegation at this time.

**Brief Description of Contract/Special Instructions:** \_\_\_\_\_

**Type of electronic agreement to be reviewed:**

Facility Use Agreement \_\_\_ Advertising \_\_\_ Data Use Agreement \_\_\_ Other \_\_\_\_\_ OR

Software/Software-as-a-Service \_\_\_ **If you have checked, Software/Software-as-a-Service, please answer the following questions:**

**List the end users of the software (check all that apply):** Students \_\_\_ Faculty \_\_\_ Staff \_\_\_ Researchers \_\_\_ Alumni \_\_\_

**Will anyone other than U.S. Citizen be using this software product?** Yes \_\_\_ No \_\_\_

**Identify intended use of this software product (check all that apply):** Business Operations \_\_\_ Classroom Instruction \_\_\_ Research \_\_\_ or Other (Explain): \_\_\_\_\_

**Where will this software be installed: (Check all that apply)** Server based \_\_\_ Web-based \_\_\_ Stationary campus location (Computer lab, etc.) \_\_\_ Portable device (laptop, tablet, etc.) \_\_\_ Other (Explain) \_\_\_\_\_

**Who will host this software or solution?** Vendor \_\_\_ Penn State \_\_\_

**Data Categorization: which category of data will be involved (check all that apply):** Public \_\_\_ Internal/Controlled \_\_\_ Restricted \_\_\_ For policy see: [AD 71](#) and [ADG07](#) Give detailed description of the type(s) of data that will be accessed and/or stored: \_\_\_\_\_

**Will this software be capable of processing credit cards?** Yes \_\_\_ No \_\_\_ If yes, do you intend to process credit cards? Yes \_\_\_ No \_\_\_

**Will this be integrated with existing University systems?** (Such as ISIS, IBIS, and ANGEL) Yes \_\_\_ No \_\_\_ (If yes, please explain integration) \_\_\_\_\_

**Privacy Office and/or Security Operations & Services were involved in selection** \_\_\_ If yes was a security review completed (check for yes) \_\_\_ Provide names of contacts: \_\_\_\_\_

<b>RISK MANAGEMENT COMMENTS:</b>	
<input type="checkbox"/> Approval granted for a one-time delegation. See attached email for details.	
<input type="checkbox"/> Not processed. See attached email for details.	