

UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF ALLIED HEALTH PROFESSIONS

REQUEST FOR SOFTWARE/MEMBERSHIP/EQUIPMENT AGREEMENTS

To initiate a new software, membership or equipment agreement, please complete and submit this form to the Administrative Assistant in the Dean's Office.

The following information will be needed to procure an agreement:

1. Department Requesting Agreement _____

2. Agency Name: _____

3. Agency Contact Person: _____
(Full name and title)

4. Email Address: _____

5. Agency Address: _____

Phone Number: _____

6. Important questions from checklist that must be answered:

a) Does the Agreement involve the purchase of any software or informational technology? **Y ___ or N ___**

b) Will this agreement involve the use, disclosure, or access by the agency/vendor to patient identifiable health information (PHI)? **Y ___ or N ___**

c) Will this agreement involve the use, disclosure of, or access by the agency/vendor, to personal data of members of the USA community (students, faculty, staff, contractors, alumni, donors, vendors, visitors, or guests)? **Y ___ or N ___**

7. FOAPAL # to pay the invoice: _____

8. Effective Date of the Agreement: _____