



**Virginia State University
Technology Services
Software Approval Request Form**

Background

In accordance with the Commonwealth's of VA Information Technology (IT) Security Standards, the Director of IT Services will take the steps necessary to document and approve software licenses to be installed on University owned IT equipment (i.e. servers, desktop computers, laptops, etc.). The Information Technology (IT) Software Analyst will be primary contact for all software acquisitions and requests and make the determination if the software is on the "Approved Software List", if the software is compatible in our IT environment, if the software is complies with software licenses agreements, and only authorized and approved software licensing copies are installed and used on campus.

Approval Process

Please complete the "Software Approval Form". Upon receipt of the form, the IT Software Analyst will review the software request, software licensing agreement, and coordinate with IT staff members on software compatibility, security risks and business impact, and software installation. Allow 3-5 business days for the review and approval process. **Software approval is granted on an annual basis. Therefore approval when granted is for 1 calendar year from date of the approval.**

Software Purchase Requisitions

If software was not approved, the Information Security Officer, Director of IT Services, and/or Chief Information Officer can authorize removing the software from the University owned IT equipment through the Altiris IT Asset Management Suite to ensure compliance with all software licensing agreements and applicable federal and state laws

Exceptions

Exceptions to the Commonwealth's IT Security Standards for Software Licensing Management must be submitted in writing to the CISO. Provide the description of the scope and business justification to include associated risks, controls to mitigate risks, and identify all residual risks. Finally, your manager's approval is needed.

Please send the completed form to ITAMR@vsu.edu from your VSU email address

SOFTWARE REQUEST FORM
(ALL SECTIONS MUST BE COMPLETED)

Requestor/Owner:	Phone Number: VSU Email address:
Department:	Today's Date:

New Software Annual Renewal New version of existing software

ALL FIELD MUST BE COMPLETED

Software Name & Version:
software must be Windows 10 compatible to be considered for approval

Software Manufacture:

Brief description how software will be used in VSU environment

Current/Upcoming class that will use this software:
If not in support of a class put N/A

Locations software to be installed
Building(s):
Room number(s): N/A

Requested room(s) description (check all that apply):

Classroom/Labs Specialized Labs Faculty Office Staff Office

Other:

Does this software require a license to be fully functional? Yes No
Please note that demo or trial software is not approved in the VSU environment
Please attach a copy of the PO or quote from an approved SWaM vendor

If this software is free/open source please provide the link to the website that it can be downloaded from:

Do you have the software on a CD/DVD/USB drive Yes No N/A

Is this software in support of an active Grant? Yes No

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If this is grant related software will it be installed on a computer that was purchased in support of this grant as well? Yes No N/A

If so please provide the computer(s) serial number(s):

If Personally Identifiable Information (PII) is to be housed within the software, please note the type of PII (e.g., social security numbers, date of birth, etc.)

FOR VTS USE ONLY

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|----------------------------------|-------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | <input type="checkbox"/> N/A | Enterprise Center Manager |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | <input type="checkbox"/> N/A | Director of IT Services |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | <input type="checkbox"/> N/A | Chief Information Officer |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | <input type="checkbox"/> N/A | Information Security Officer |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | <input type="checkbox"/> N/A | Network Manager |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | <input type="checkbox"/> N/A | Security Analyst |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | <input type="checkbox"/> N/A | Compliance Analyst |

Director of IT Services Signature and Date

Information Security Officer Signature and Date (if applicable)

Chief Information Officer Signature and Date

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VTS Security and ADA Compliance Review

NOTE: While the CISO and Deputy Chief Information Officer will *review* the specifications for network and ADA compliance, it is the requesting employee's responsibility to provide this information. To facilitate approval, the employee may want to attach network or ADA compliance documentation to the approval form. Requests will be returned to the requestor when it is unclear if the software is network or ADA compliance.

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