

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 the Dean's Office.

The following information will be needed to procure an agreement:

1. Department Requesting Agreement \_\_\_\_\_
  
2. AgencyName \_\_\_\_\_
  
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
  
- . FOAPAL # to pay the invoice: \_\_\_\_\_
  
- . Effective Date of the Agreement \_\_\_\_\_