

## Appendix B: Security Data Requirements Checklist

### SECURITY DATA REQUIREMENTS CHECKLIST

(Procurement Protected Information)

Please choose Yes (Y) or No (N) below to indicate types of CSU, Chico personal information to be collected, shared, accessed/transmitted, or stored by subcontractor or subcontractor's agent as part of the contract statement of work:

Line	Yes or No?	<b>Confidential - CSU Level 1 (Section 8065.S02)</b>	<b>Procurement Use Only</b>
1.		Does the subcontractor or agent employ access more than 1000 individual pieces of information (e.g., names and SSN, credit cards, medical records, or any combination)	N= Use <b>Low</b> Sec. Data Req. Y= Use <b>High</b> Sec. Data Req.
			<b>APPLICABLE SECTIONS LINES 2 thru 6</b>
<b>All Yes   All No</b>		PCI DSS; PA DSS; NACHA Requirements; HIPAA Requirement	
2.		Name with credit card payment to University merchant ID	5.2
3.		Purchase of software to process name with credit card payment to University merchant ID	5.3
4.		Name with ACH payment to University bank account	5.4
5.		Medical records related to an individual (including disability information)	5.5
6.		Psychological counseling records related to an individual	5.5
<b>All Yes   All No</b>		<b>APPLICABLE SECTIONS   LINES 7 thru 58</b>	<b>1, 2, 3, 4, 5.1, 5.6, 6, 7, 8, 9</b>
7.		▪The application stores passwords or credentials that grant access to level 1 and level 2 data	
8.		▪The application stores PINs (Personal Identification Numbers)	
9.		▪Birth date combined with last four digits of SSN and name	
10.		▪Credit card numbers with cardholder name	
11.		▪Tax ID with name	
12.		▪Driver's license number, state identification card, and other forms of national or international identification (such as passports, visas, etc.) in combination with name	
13.		▪Social Security number and name	
14.		▪Health insurance information	
15.		▪Medical records related to an individual (including disability)	
16.		▪Psychological Counseling records related to an individual	
17.		▪Bank account or debit card information in combination with any required security code, access code, or password that would permit access to an individual's financial account	
18.		▪Biometric information	
19.		▪Electronic or digitized signatures	
20.		▪Private key (digital certificate)	
21.		▪Law enforcement personnel records	
22.		▪Criminal background check results	

		<b>Internal Use - CSU Level 2 (Section 8065.S02)</b>
		▪Identity Validation Keys (name with):
23.		Birth date (full: mm-dd-yy)
24.		Birth date (partial: mm-dd only)
25.		▪Photo (taken for identification purposes)
All Yes	All No	<b>▪Student Information-Educational Records (non-directory)</b>
26.		Grades
27.		Courses taken
28.		Schedule
29.		Test scores
30.		Advising records
31.		Educational services received
32.		Disciplinary actions
33.		Student Photo
34.		Financial Aid received
35.		Most recent educational agency or institution attended
36.		Participation in officially recognized activities and sports
37.		Weight and height of members of athletic team
38.		Transcript
39.		▪Library circulation information
40.		▪Trade secrets or intellectual property such as research activities
41.		▪Location of critical or protected assets
42.		▪Licensed software
43.		▪Vulnerability/security information related to a campus or system
44.		▪Campus attorney-client communications
All Yes	All No	<b>▪Employee Information (including student employees)</b>
45.		Employee net salary
46.		Home address
47.		Personal telephone numbers
48.		Personal email address
49.		Payment History
50.		Employee evaluations
51.		Pre-employment background investigations
52.		Mother's maiden name
53.		Race and ethnicity
54.		Parents' and other family members' names
55.		Birthplace (City, State, Country)
56.		Gender
57.		Marital Status
58.		Physical description

Name of company that offers the product or service: \_\_\_\_\_

Name of the product or service being evaluated: \_\_\_\_\_

Name of Department/Business Unit: \_\_\_\_\_

Name of individual completing form: \_\_\_\_\_

Name of department manager (MPP): \_\_\_\_\_

Signature of department manager (MPP): \_\_\_\_\_ Date \_\_\_\_\_