



# SOFTWARE REQUEST FORM

CLASSROOM/LAB INSTRUCTIONAL SOFTWARE REQUESTS SUBMISSION TIMELINE	
Semester Needed	Deadline for receipt
Spring	October 1
Summer	March 1
Fall	June 1

**For questions regarding software requests, please feel free to contact:**

- ✓ Office of Information Technology (OIT), Central Services (CT), Phone: 240-567-3210
- ✓ E-mail: [itresource.management@montgomerycollege.edu](mailto:itresource.management@montgomerycollege.edu)

**SEND COMPLETED OFFICE/STAFF REQUESTS TO IT RESOURCE MANAGEMENT, Central Services (CT)**

Requestor Information		
Requestor:	Date:	Ext.:
Contact Person (if other than requestor):		Ext.:
Campus: <input type="checkbox"/> GT <input type="checkbox"/> RV <input type="checkbox"/> TP/SS <input type="checkbox"/> Off-campus	Unit/Dept: _____	

**Software Information - COMPLETE THIS FORM FOR EACH TITLE REQUESTED.**  
Product/Service Information

In order to ensure the best use of limited resources and to confirm integration, support, and compliance requirements, we ask you to complete the following prior to engaging in any agreement to use any software, hardware, electronic content, or support documentation and services. Once you have completed the checklist, please submit to Nell Feldman, IT Security Manager. **The IT Security Group and/or the Accessible Technology Coordinator will make every effort to review and respond to requests within two weeks. Any questions or concerns, please contact Nell Feldman at [nell.feldman@montgomerycollege.edu](mailto:nell.feldman@montgomerycollege.edu) or x73120.**

Software Title:	Publisher (if known):
Website Address:	Intended Use of the Service/Justification:
VPAT (Voluntary Product Accessibility Template) URL or download site:	
NOTE: If not immediately available, please request from the vendor and submit with this form.	

**LIST BELOW MC# AND LOCATION OF PC/MAC ON WHICH SOFTWARE IS TO BE INSTALLED. FOR ADDITIONAL INSTALLATIONS, ATTACH A SEPARATE LIST THAT INCLUDES THE INFORMATION BELOW:**

MC #	Location (Bldg./Room)	MC #	Location (Bldg./Room)

### Usage Questions

A. Does the product/service provide required functionality beyond what is currently available at MC?  Yes  No  
 If yes, please explain the new requirement

B. This software is for installation on an employee computer workstation  Faculty  Staff  Admin

- 1) No. of licenses needed: \_\_\_\_\_
- 2) How many faculty/employees will interact with use this software?

C. This software is for installation on classroom and/or lab workstations.

- 1) No. of licenses needed: \_\_\_\_\_
- 2) How many students will benefit from the use of this software? \_\_\_\_\_

D. This software is a cloud application, hosted by a third party.  Yes  No

**Does the product/service store College data in the cloud or at a non-College location?**  Yes  No

If yes, please indicate the data types being stored/collected:

<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Other Personal Info (Marital Status, Religion, Sexual Orientation, etc.)
<input type="checkbox"/> Government ID (Passport, Driver's License, etc.)	<input type="checkbox"/> Photographs/Scanned images of or related to MC constituents
<input type="checkbox"/> Bank or Credit Card Account information	<input type="checkbox"/> Personal (non-MC) Contact information (phone, email, mailing address)
<input type="checkbox"/> Tax Information (Tax transcripts, returns, etc.)	<input type="checkbox"/> Information about disabilities or special need
<input type="checkbox"/> Health Information (Medical/Immunization Records/Forms)	<input type="checkbox"/> Information about financial situation/need
<input type="checkbox"/> High School or College Enrollment History/Transcripts/Graduation info, etc.	

**If you will be routinely collecting, storing, or sharing information via this service, do you have a defined retention period for this information?**

If yes, how will the information be securely deleted after the retention period concludes?

Yes  No

**Approximately how many records do you anticipate collecting/storing/sharing with this service annually?**

**Does the product or service process, transmit, or store credit card transactions or cardholder data?**

Yes  No

**If integration support will be required from the Information Technology department, have you consulted with IT on resource availability and allocation?**

Yes  No

**Please provide any other information about this product/service that would assist in the security and/or web accessibility assessment?**

**Grants Funding**

Name of Grant: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Ext.: \_\_\_\_\_

**Budget Information**

Initial Installation/Integration Expense: \_\_\_\_\_  
Annual Expense (including support/maintenance) Fund \_\_\_\_\_  
Source (FOAP if known): \_\_\_\_\_

**REQUIRED Signatures:**

_____	_____	_____	_____	
Date	Requestor (INSERT DIGITAL SIGNATURE)	Initial	Ext.	
				<input type="radio"/> Approve
				<input type="radio"/> Disapprove
_____	_____	_____	_____	
Date	Supervisor/Dept. Chairperson (INSERT DIGITAL SIGNATURE)	Initial	Ext.	
				<input type="radio"/> Approve
				<input type="radio"/> Disapprove
_____	_____	_____	_____	
Date	Unit Administrator/Dean (INSERT DIGITAL SIGNATURE) <i>(for purchases over \$200)</i>	Initial	Ext.	

**FOR OIT USE ONLY**

Request received by IT Resource Management Date: \_\_\_\_\_

Security Assessment by: \_\_\_\_\_ Status: \_\_\_\_\_

Accessibility Assessment Completed by: \_\_\_\_\_ Status: \_\_\_\_\_

Montgomery College supports accessibility of electronic information technology to all users, including people with disabilities using assistive technology. To promote accessibility, the College has adopted Federal Section 508 Standards for Electronic and Information Technology (36 CFR §1194.21-.22). If you have questions related to these standards, please contact the ADA Compliance office, [accessibility@montgomerycollege.edu](mailto:accessibility@montgomerycollege.edu), or Stacy Keller, 240-567-9175; Christopher Moy, 240-567-5412.