**To:** <Superintendent or Designee>, <PSU Name>

**From:** <CIO / CTO / Technology Director / Information Security Officer>

**Date:** January 1, 2024

Authority to Operate

# Vendor Information

**Vendor Name:** <Vendor Name>

**Product Name:** <Product Name>

**Contract Dates:** <1/1/2024 – 1/1/2026>

# Security Documentation Received

**Self-Assessment**

\_\_\_ HECVAT

\_\_\_ K-12 CVAT

\_\_\_ 1EdTech Security Rubric

\_\_\_ NC DIT Vendor Readiness Assessment Report (VRAR)

\_\_\_ None of the Above

**Third-Party Assessment Public Report**

 \_\_\_ SOC2 Type 2

 \_\_\_ SOC 2 Type 2 Executive Summary

 \_\_\_ SOC 3 Report

 \_\_\_ ISO 27001 Summary Report

 \_\_\_ FedRAMP Compliance

 \_\_\_ HITRUST

 \_\_\_ Vendor Engagement Letter

 \_\_\_ None of the Above

\_\_ Data Sharing Agreement

**Other Security Documentation Received**:

# Justification for Approval / Identification of Risk

<This Vendor was chosen as the best fit for our organization. Vendor met all security standards except storing data in Europe instead of the USA. Vendor is recommended to be accepted.

Vendor modified the Data Sharing Agreement, we are accepting their changes.>

# Authorization to Operate

By signing below, I understand and accept the risk inherent in sending Student Data to a 3rd party. This recommendation is based on the review and recommendation of our technology or security team.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent or Designee Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: <Signatory Name>

Title: <<Signatory Title>>

\*\* To be signed by a representative of the PSU with authority to accept risk as identified.

\*\* Designee(Signer) shall not be the same person that evaluated the risk and filled out the form.

**Attachments: NCDPI Third Party Data Sharing Worksheet**