

Academic Software Integration Request Form

1. Requestor Information

Full Name:

Email Address:

College:

Department:

Role (Faculty / Staff / Administrator / Other):

Course(s) (if applicable):

2. Requested Software/App Integration Information

Name of Requested Software / App / Integration:

Type (Software, Zoom App, Canvas LTI, Other):

Website URL:

Brief Description and Intended Use (1–2 sentences):

Number of Users:

Who will use this? (Faculty / Students / Both / Administrative):

Expected Frequency of Use (One-time / Occasionally / Daily / Each term):

Student Login Required? ☐ Yes ☐ No

Banner Integration Required? ☐ Yes ☐ No

Canvas Integration Required? ☐ Yes ☐ No

Integration Documentation if Relevant (e.g., Canvas LTI setup) (attach or provide URL):

Is this replacing an existing resource? ☐ Yes ☐ No

If yes, please specify:

3. Duplication Check

Does the District already license a tool with similar functionality? ☐ Yes ☐ No ☐ Unclear

If yes, name of similar tool:

Justification if duplication exists?

4. Accessibility Compliance Review

Note: The VPAT shows how the product meets accessibility standards. Please obtain it from the vendor or their website before submitting. Reviews take longer without it.

VPAT (Voluntary Product Accessibility Template) provided? ☐ Yes ☐ No ☐ Requested

VPAT (attach or provide URL if available):

Supports 'equally effective access' for individuals with disabilities? ☐ Yes ☐ No ☐ Unknown

Accessible alternative formats (captions, screen reader support)? ☐ Yes ☐ No ☐ Partial

5. Security Review

Note: A HECVAT confirms a company's data security and privacy compliance. Please obtain it from the vendor or their website before submitting. Reviews take longer without it.

HECVAT (Higher Education Community Vendor Assessment Toolkit) completed?

☐ Yes – Lite ☐ Yes – Full ☐ No ☐ Requested

HECVAT (attach or provide URL if available):

FERPA / COPPA / Data Privacy Policy (attach or provide URL):

Student/staff data collected? ☐ Yes ☐ No ☐ Unknown

Data stored in U.S.? ☐ Yes ☐ No ☐ Unknown

6. Cost & Licensing

Licensing model: ☐ Free ☐ Subscription ☐ Perpetual ☐ Name-User

Annual cost per license or per user (if applicable): \$_____Funding source confirmed. ☐ Yes
☐ No

Costs paid by:

Department ☐ Yes ☐ No ☐ Uncertain – If yes which Department

College ☐ Yes ☐ No ☐ Uncertain

District ☐ Yes ☐ No ☐ Uncertain

Name and email of employee responsible for funding:

Are there any costs to student ☐ Yes ☐ No ☐ Uncertain

Terms of Service / EULA (attach or provide URL):

7. Timeline & Contacts

Desired Implementation Date:

Is there an instructional deadline or urgency? ☐ Yes ☐ No

If yes, please provide some details:

Have you contacted a vendor or tech team representative? ☐ Yes ☐ No

If yes, provide contact name and details:

8. Acknowledgments

☐ I understand that approval is not guaranteed.

☐ I understand requests are reviewed on _____ of each month.

☐ I agree to provide additional documentation if requested.

Final Recommendation (Reviewer Use Only)

☐ Approve

☐ Conditional

☐ Reject

☐ Needs to go to Committee for review.

Reviewer Name:

Date Reviewed:

Notes / Follow-ups: