University of Regina

Technology & Privacy Risk Assessment Intake	
Purpose: The purpose of this Technology Risk Assessment Intake is to identify potential information privacy and security risks for University of Regina initiatives that may use personal or sensitive information. **Instructions:** Complete and submit this form to trmc@uregina.ca	*This section to be completed by Information Security.* **Case ID:** Click here to enter text. **Form Received Date** Click here to enter a date. **Form Version** 3

Why are we asking for this information?
This form helps the University assess privacy, security, compliance, and technology risks before a new system, service, project, application, or process is introduced.
Who should complete this form?
The person most familiar with the project, business process, or technology being proposed.
What if I don't know an answer?
Please provide your best estimate or write "Unknown." The Information Security team will follow up with you or vendor if additional information is needed.
This form also serves as an initial privacy screening assessment.
If your initiative collects, uses, stores, shares, or processes personal information, additional privacy review or a formal Privacy Impact Assessment (PIA) may be required.
Personal information includes any information that can identify an individual, such as name, address, email address, student number, employee number, identification numbers, financial information, health information, photographs, or opinions about an individual.

Does your initiative involve any of the following units:

	Yes	No	Comments
Privacy Office			
Library/RIMS			
Financial Services			
Supply Management			

Section 1: Your Information

Name:	Click here to enter text.	**Position/Title:**	Click here to enter text.
Email:	Click here to enter text.	**Faculty/Department/Unit:**	Click here to enter text.
Phone:	Click here to enter text.		

Section 2: Initiative Information

Initiative Name:	Click here to enter text.		
Initiative Start Date:	Click here to enter a date.	**Initiative End Date:**	Click here to enter a date.
Initiative Sponsor Name:	Click here to enter text.	**Initiative Sponsor Email:**	Click here to enter text.
Initiative Sponsor Position/Title:	Click here to enter text.	**Initiative Sponsor Faculty/Department/Unit:**	Click here to enter text.
Initiative Scope: (Who will use or be affected by this initiative?)	☐Institutional ☐Unit/Group	☐Faculty ☐Course	☐Departmental ☐Individual
Describe initiative including purpose, scope and target users:	Click here to enter text. Please Include: What it does Why is it needed Who will use it Who will be affected by it		
Describe key objectives:	Click here to enter text.		
Describe the main activities this initiative supports:	Click here to enter text. Examples: Student registration Research participant management Event registration Employee onboarding Financial processing		

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Describe any dependencies:	Click here to enter text. Examples: Banner UR Courses Microsoft 365 External Vendors Payment Gateways
Will this initiative use data from existing University systems or connect to other systems?	Click here to enter text. Examples: Banner Microsoft 365 UR Courses HR Systems Finance Systems
Is this replacing an existing system, application, process, or service? If yes, please describe?	Click here to enter text.

Section 3: Technology Information

What type(s) of technology solutions are being considered? *(Check one or more applicable solutions from each row)*

Where will the hardware or servers be located?	☐Local Infrastructure	☐External Infrastructure	☐None	☐Unknown
Where will the application or service be hosted?	☐Local Hosting	☐External Hosting	☐None	☐Unknown
What type of software will be used?	☐Locally Developed	☐Packaged Software	☐None	☐Unknown
Identify or describe any other required devices, equipment, software, or technology:	Click here to enter text.			

Section 4: Artificial Intelligence

Will this initiative use Artificial Intelligence (AI), Machine Learning, Generative AI, ChatGPT, Copilot, or similar technologies?

☐Yes ☐No

Describe

Does the AI tool send information to another company or service outside the University?
If so, which ones?
Click here to enter text.

Is any information entered into the AI system sent outside the University for processing or storage?
If yes, where is the data stored?

☐Yes ☐No

Describe data location: Click here to enter text.

What information is used to train, customize, or improve the AI system? Where is that information stored?

☐Yes ☐No

Describe data location: Click here to enter text.

Section 5: Third Party Information

Will this initiative involve a third-party service provider or vendor? *(Check one)*
(examples of third parties include software vendors, cloud service providers, consultants, payment processors, and externally hosted platforms.)

☐Yes ☐No

If yes, please provide information on third party, below (*One party per row*).

Third Party Name	Product/Service	Why is this vendor/service needed?	Website (URL)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Section 6: Policy and Legislative Requirements

Will the University purchase, license, subscribe to, or contract for any products or services related to this initiative?

☐Yes ☐No ☐Other (describe):

Describe

Is University of Regina Supply Management Services engaged for the initiative's procurement? If not, please provide a brief description of why.

☐Yes ☐No ☐Other (describe):

Describe

Is an agreement or contract required between the initiative sponsor and any third party required for the provisioning of this initiative?

☐Yes ☐No ☐Other (describe):

Describe

Will this initiative collect, use, store, share, or process personal information about individuals? *(i.e. Is the provincial legislation of The Local Authority Freedom of Information and Protection of Privacy Act (LA-FOIP) in scope?):*

Examples of personal information include name, student number, employee number, email address, home address etc.

If Yes, describe what personal information is being collected and why is it necessary to collect it?

☐Yes ☐No

Describe

Is personally identifiable information being collected, stored, transmitted, or processed within the scope of the initiative by a private sector organization that conducts business in Canada? *(i.e. Is the federal legislation of the Personal Information and Electronic Documents Act (PIPEDA) in scope?):*

☐Yes ☐No ☐Other (describe):

Describe

Will this initiative collect, use, store, or process health-related information?

Eg: medical records, health conditions, counselling information, disability accommodation.

(i.e. Is the provincial legislation of the Health Information Protection Act (HIPA) in scope?):

☐Yes ☐No ☐Other (describe):

Describe

Will this initiative send promotional, marketing, fundraising, or other mass email messages?

(i.e. Is the federal legislation of the Canadian Anti-Spam Legislation (CASL) in scope?):

☐Yes ☐No ☐Other (describe):

Describe

Is payment accepted in scope of the initiative?

☐Yes ☐No ☐Other (describe):

Describe

If payment is accepted in scope of the initiative, what types of payment will be utilized?

☐Cash ☐Debit/Interac ☐Other (describe):

Describe

If payment services are in scope of the initiative, will the collection of financial data (customer name, address, account balance, or credit card number, expiry date, CCV, etc.) information be collected?

☐ Yes (describe): ☐No ☐Other (describe):

Describe

Does the data in scope of this initiative have an associated Records and Information Management Retention schedule? (i.e. https://library.uregina.ca/rim/record-schedules)?

☐ Yes (describe): ☐No ☐Other (describe):

Describe

If the Data is not within the of Records and Information Management Retention schedule, how long will the information be retained?

Click here to enter text.

Does the initiative utilize centralized authentication services (authentication via Uregina.ca usernames and passwords)?

☐ Yes (describe): ☐No ☐Other (describe):

Describe

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Is the initiative required or mandatory for target users (i.e. users have no ability to opt out of the initiative)?		
☐ Yes (describe):	☐No	☐Other (describe):
Describe		

Are target users made aware of the collection, use, and disclosure of their information?		
☐ Yes (describe):	☐No	☐Other (describe):
Describe		

Section 7: Data Classification and Confidentiality

What is the maximum number of records to be collected, stored, retained, shared, disclosed, processed, or transmitted? *(Check one)*

☐0-100	☐101-1,000	☐1,001-10,000	☐10,001-100,000	☐100,001-1,000,000
☐1,000,001-10,000,000	☐ 10,000,000+	☐Unknown	☐Other (describe): Click here to enter text.	

What is the maximum number of users that will have access to the information? *(Check one)*

☐0-100	☐101-1,000	☐1,001-10,000	☐Unknown	☐100,001-1,000,000
☐Other (describe): Click here to enter text.				

Identify the information in scope of the initiative, the risk category of the data, and how it is used.
Low Risk = Public Data, Medium Risk=Personal Data, High Risk=Financial, Credit Card Numbers, Health Records

Attributes / Data Fields List the types of information involved in the initiative (name, email address, student ID, research participant data, health information, financial information)	Risk Classification	Collect	Store/ Retain	Share/ Disclose	Process	Transmit
Click here to enter text.	Choose an item.	☐	☐	☐	☐	☐
Click here to enter text.	Choose an item.	☐	☐	☐	☐	☐
Click here to enter text.	Choose an item.	☐	☐	☐	☐	☐
Click here to enter text.	Choose an item.	☐	☐	☐	☐	☐
Click here to enter text.	Choose an item.	☐	☐	☐	☐	☐
Click here to enter text.	Choose an item.	☐	☐	☐	☐	☐
Click here to enter text.	Choose an item.	☐	☐	☐	☐	☐

What is the highest risk classification of data in scope of the initiative? *(Check one)*

☐Low	☐Medium	☐High	☐Unknown

Will the data be aggregated, anonymized, or de-identified *(Check one)*

☐Yes	☐No	☐Other (describe): Click here to enter text.

Identify or describe impact to the sponsoring department/unit/faculty if the information utilized in the initiative is no longer confidential and is accessed without authorization or becomes public?
Click here to enter text.

Identify or describe impact to the University as a whole if the information utilized in the initiative is no longer confidential and is accessed without authorization or becomes public?
Click here to enter text.

Will all information be stored in Canada? If no, please identify the country or countries where the information may be stored.

☐Yes ☐No

Describe

Section 8: Information Lifecycle and Integrity of Information

Collect = Gather information from users or systems
Store = Keep information for future use
Share/Disclose = Provide information to another person, department, or organization
Transmit = Send information electronically between systems
Information Owner = The person, role, or department responsible for deciding how the information is collected, used, shared, and retained.
Information Custodian = The person, team, or service provider responsible for storing, protecting, maintaining, and securing the information.

Which method(s) will be used to collect information for the initiative? *(Check all which apply)*

☐In Person ☐Paper ☐Electronically (collects new info) ☐Electronically (uses existing info) ☐Other (describe):

Describe

Which method(s) will be used to store information for the initiative? *(Check all which apply)*

☐In Person ☐Paper ☐Electronically (stores new info) ☐Electronically (stores existing info) ☐Other (describe):

Describe

Which method(s) will be used to share/disclose information for the initiative? *(Check all which apply)*

☐In Person ☐Paper ☐Electronically (shares new info) ☐Electronically (shares existing info) ☐Other (describe):

Describe

Which method(s) will be used to transmit information for the initiative? *(Check all which apply)*

☐In Person ☐Paper ☐Electronically (transmits new info) ☐Electronically (transmits existing info) ☐Other (describe):

Describe

Will this system be considered the official source of record for any University information? *(Check one)*

☐Yes ☐No

If yes, what attributes/data/information this initiative will be the authoritative system for, and identify the information owner, information custodian for this authoritative record. (example: student or employe information, financial records etc)

Official Record/Data	Information Custodian	Information Owner
Student ID	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Will this initiative involve or utilize authoritative University records from any other systems? *(Check one)*

☐Yes ☐No

If yes, what authoritative attributes/data/information will be used in this initiative, identify the authoritative information owner, information custodian, and source data system for such authoritative record(s).

Official Record/Data	Information Custodian	Information Owner	Authoritative Source System
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Identify or describe impact to the sponsoring department/unit/faculty if the information utilized in the initiative is altered without authorization or becomes inaccurate?

Click here to enter text.

Identify or describe impact to the University as a whole if the information utilized in the initiative is altered without authorization or becomes inaccurate?

Click here to enter text.

Section 9: Availability Requirements

When does the system need to be available to users?

☐24/7 ☐During Business Hours ☐Other (describe):

Describe

How often is the initiative planned to be used?

☐Ongoing / Year-Round ☐Periodically (i.e. Once Per Semester) ☐Other (describe):

Describe

What would happen if the system were unavailable for several hours or several days to the sponsoring department/unit/faculty?

Click here to enter text.

What would happen if the system were unavailable for several hours or several days to the University as a whole?

Click here to enter text.

Section 10: Additional Information

Provide any additional information about this initiative which may be relevant from a security or privacy perspective.

Click here to enter text.

Please list any attachments that are being submitted with this intake form (*such as vendor provided security documentation*).	
Attachment Name	**Description of Attachment**
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Section 11: Submission			
Name:	Click here to enter text.	**Position/Title:**	Click here to enter text.
Email:	Click here to enter text.	**Faculty/Department/Unit:**	Click here to enter text.
Date:	Click here to enter a date.		

Please submit completed form to: trmc@uregina.ca

Distribution & Review completed:

	Yes	No	N/A	Comments
Information Services				
Privacy Office				
Library/RIMS				
Financial Services				
Supply Management				