



## Minimum Security Requirements For Using Cloud Computing Service Providers

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### Purpose

University of Central Florida service-seeking department or business unit is obligated to verify the following minimum set of security requirements, contractual language requirements, and any technical arrangements for data exchanges are met by the service provider.

For information about the VRM program, and the latest version of all VRM program documents, visit <https://infosec.ucf.edu/vrm>

### Instructions

1. Service Provider verifies and confirms each item in the checklist below with their initials
  - a. **Note:** A written explanation must be provided for any items the Service Provider cannot meet (and thus cannot initial)
2. Service Provider signs indicating that the checklist, and any explanations, are complete and accurate
3. UCF Service-Seeking Unit signs indicating answers have been reviewed and are acceptable

### Checklist

1. \_\_\_\_\_ Service Provider must review and accept the terms of the "Secure Handling of UCF Data" security rider, and integrate it into in the contract or Service Level Agreement (SLA).
2. \_\_\_\_\_ Terms and conditions must specify the complete set of university data involved in the proposed business arrangement with the service provider.
3. \_\_\_\_\_ Terms and conditions must specify university data provided, collected or transmitted to the service provider is permanently owned by the University of Central Florida.
4. \_\_\_\_\_ Terms and conditions must specify the amount of time university data is retained by the service provider after in the event agreement or contract is terminated.
5. \_\_\_\_\_ Terms and conditions must specify university data destruction method that is aligned with industry data security standards.
6. \_\_\_\_\_ Terms and conditions must specify University of Central Florida's data is separated from other tenants in service provider's infrastructure.
7. \_\_\_\_\_ Service Provider must abide by all University of Central Florida, state and federal laws. These requirements can vary based on datasets, e.g., HIPAA, FERPA, GLBA, SOX, PCI-DSS, etc.



8. \_\_\_\_\_ Service Provider must agree to comply with federal and state breach notification laws, such as Florida's data breach notification law (FL State Statutes 501.171, Senate Bill 1524, FIPA).
  
9. \_\_\_\_\_ Service Provider must prohibit anonymous access to University of Central Florida's data. Password length and complexity shall conform to University of Central Florida's password standards. See *UCF Standard 501-101 Password Standards* here:  
<https://infosec.ucf.edu/information-security-policies/strong-passwords-at-ucf/>
  
10. \_\_\_\_\_ Service Provider must maintain adequate audit trails, at a minimum logs should contain successful and unsuccessful account logon attempts.
  
11. \_\_\_\_\_ Service Provider must encrypt data in transit using TLS protocol. Clear text communication of Restricted or Highly Restricted data is prohibited per UCF policy 4-008.
  
12. \_\_\_\_\_ Service Provider must clearly state that penetration testing and vulnerability assessments are performed regularly.
  
13. \_\_\_\_\_ Service Provider must present a business continuity plan with detailed recovery procedures and manual workarounds in the event of a disaster.
  
14. \_\_\_\_\_ Service Provider must have a secure environment free of any breach within the last year. Any recent information security concerns will require further evaluation.
  
15. \_\_\_\_\_ Service Provider must provide attestation of liability and/or cybersecurity insurance.
  
16. \_\_\_\_\_ Service Provider must produce certifications and/or attestations of a recent security audit that meets industry standards (e.g., SSAE 16, ISO 27001, PCI-DSS, etc.).
  
17. \_\_\_\_\_ Where applicable and appropriate for the program or project, service provider must be able to provide federation services that is SAML v2 compliant. Such a service will allow seamless integration with UCF computer usernames for the purpose of authentication and authorization to the service provider's applications.

**(Provide signatures on next page)**



**Service Provider Executive/Senior Official**

**UCF Dept. or Business Unit Head  
(Executive/Senior Official)**

Sign Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_