

Request for ITS Authentication Review

This form is for soliciting an ITS Authentication Review as required by the Enterprise Applications Pre-Purchase Review Procedure. A review may be requested for any application, student-facing or otherwise, in order to ensure compatibility with ITS Enterprise Authentication Services. Completed forms should be returned to 6-TECH. Reviews will be processed by an ITS Identity Management Systems Architect and may take several days to complete as vendor follow-up could be required. A recommendation will be returned in writing to the requestor.

Requestor Information

_____	_____	_____
UNCG Application Owner/Responsible Party	Title	Department
_____	_____	_____
UNCG Technical Contact/Requestor	Contact Phone	Request Date

Application Description

Name of Application requesting Enterprise Authentication Services:

Brief Description of Application’s purpose/value add proposition to University or Department:

Alternative products or solutions available to address this proposition in lieu of requested application:

Technical Pre-Questionnaire		<i>(please seek vendor’s assistance in completing)</i>
Is the application’s central component housed in:	<input type="radio"/> UNCG’s datacenter, <input type="radio"/> hosted off site/in the cloud?	
In what context does the user authenticate?	<input type="checkbox"/> In a Web Browser, <input type="checkbox"/> a Locally Installed Program	
Select all available traditional authentication methods supported by the application:		
<input type="checkbox"/> Active Directory, <input type="checkbox"/> LDAP, <input type="checkbox"/> Radius, <input type="checkbox"/> Kerberos <input type="checkbox"/> None, <input type="checkbox"/> Other: _____		
Select all available Web Single Sign On technologies supported by the application:		
<input type="checkbox"/> Shibboleth, <input type="checkbox"/> SAML, <input type="checkbox"/> CAS, <input type="checkbox"/> ADFS <input type="checkbox"/> None, <input type="checkbox"/> Other: _____		
Select all available identity federations the vendor participates in:		
<input type="checkbox"/> InCommon, <input type="checkbox"/> UNC Federation <input type="checkbox"/> None, <input type="checkbox"/> Other: _____		
Will the application need additional user information (for authorization or directory purposes)?		
<input type="radio"/> Yes – application expects user attributes <input type="radio"/> No – application performs authentication only		
Link to guide/documentation on configuring authentication for the application		
_____	_____	_____
Sales Contact	Phone	Email
_____	_____	_____
Technical Contact	Phone	Email