## Delgado

## SOFTWARE LICENSE COMPLIANCE CERTIFICATION FORM

Software Name	PO#	Location of the Software (is this software located in the cloud or on- premises? If on-premises, indicate Campus,	Division	Department	License Type (i.e. Enterprise, Per user, Site license, SaaS)	# of Licenses (for each software named)	Purchase/ Acquisition Date	Expiration Date (if applicable)	Cost	Transaction Class / Federal Program Impacted (does this software impact any federal programs? If yes, please list the federal programs	Internally Developed? (was this software developed internally? Yes or No)	(if applicable,  Vendor / Brand  Name and Version (name the vendor from which your department purchased this software. Indicate	Significant Customizations (if applicable) (did your department make any significant customizations to this software? Yes or No. If	Significant Interfaces (does this software interface with Banner or any other significant software applications, yes or no? If yes, please indicate all significant applications this software interfaces
		Building, <u>and</u> Room#)								impacted. If no, indicate N/A)		which version of this software is in use)	yes, what significant customizations did your department make?	with?)

Following LCTCS Policy #7.007 Software License Compliance and the Delgado Information Technology Security Policy, I certify that the above-listed software has the necessary and appropriate licensing and that this department adheres to the conditions of use stipulated in the licenses. Furthermore, I understand that failure to comply with the requirements outlined in these policies may result in sanctions to possibly include a verbal or written warning, formal reprimand noted on employee's evaluation, disciplinary procedures up to and including termination, and/or reimbursement to the College. I also understand that misuse or negligence in ensuring software licensing requirements is a violation of the Student Judicial Code, and accordingly, students are subject to the Code's requirements and applicable sanctions.

Division/Department Head (Print Name)	Signature of Division/Department Head	Date	
Designated Owner-Custodian (Print Name)	Signature of Designated Owner-Custodian	Date	