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| --- |
| **Name of Application or Product** |
| 1 | Who is your Disaster Recovery Point of Contact?  | Name Click or tap here to enter text.Address Click or tap here to enter text.Phone Number Click or tap here to enter text.Email Click or tap here to enter text. |  |
| 2 | Do you have disaster recovery documentation which you can provide to us? If yes, please email to jkinner@luc.edu. | [ ]  Yes [ ]  No  |  |
| 3 | What is the Recovery Time Objective (RTO) for this application? | Click or tap here to enter text. |  |
| 4 | How often do you perform DR tests? | [ ]  Every 3 Months[ ]  Every 6 Months[ ]  Every 12 Months[ ]  Every 2 Years[ ]  Never |  |
| 5 | When was your last DR test?  | Date: Click or tap here to enter text. |  |
| 6 | What was the Recovery Time Capability (RTC) for your last DR Test:  | Click or tap here to enter text. |  |
| 7 | Where geographically are the data centers located | Click or tap here to enter text. |  |
| Additional Comments |
|  | Click or tap here to enter text. |

Please send the completed questionnaire and Disaster recovery documentation to jkinner@luc.edu.

If you have any questions, please contact the Technology Risk & Compliance Team at773-508-8219.