Service Provider Shibboleth Request Form

Submitted: Wed Jun 21 2017 15:58:23 GMT-0700 (PDT)

1. Name and contact information for UCTrust Member or Sponsor completing this form	Mark L. Boyce Senior Identity Management Analyst University of California, Office of the President 415 20th Street Oakland, CA 94612 Office: 510.987.9681 Cell: 209.851.0196
2. Email address of the person completing this form	Mark.Boyce@ucop.edu
3. Name of your application	Zoom
4. Please briefly describe your application. Please include your relationship with UC.	Zoom is a 3rd party video and audio conference application and to make it easier for users to signin we need to provide SSO access for UC San Diego Health and UC Irvine Health users separate from the main campuses SSO page.
5. What is the URL for QA (if applicable) and for Production, AND what is the go-live date for each?	Production: https://uchealth.zoom.us - 24 June 2017
6. Who is your UCTrust sponsor?	UC Office of the President
7. Which organization/department within the above UCTrust Sponsor organization is sponsoring this application?	UCOP
8. Who is the functional or administrative contact for this application? Please provide: ● Name ● E-mail ● Telephone	Todd Porteous tporteous@ucsd.edu 858-249-5315

9. Who is responsible for operating this application and website?	Todd Porteous tporteous@ucsd.edu 858-249-5315
10. Who is the technical contact for this application? Please provide: ● Name ● E-mail ● Telephone	Todd Porteous tporteous@ucsd.edu 858-249-5315
11. Who is the helpdesk contact for this application in case of problems? Please provide: ● Name ● E-mail ● Telephone ● Support Hours	Todd Porteous tporteous@ucsd.edu 858-249-5315
12. When is the application expected to be up, e.g., 8x5, 7x24, etc?	24/7
13. What are your scheduled maintenance windows?	N/A
14. What is your InCommon SP entity ID?	https://uchealth-zoom.universithofcalifornia.edu
15. What group(s) on each campus are likely to use the application? Staff? Faculty? Students? Affiliates?	Staff, Faculty, and affiliates - UC Med Centers UC San Dego and UC Irvine
16. Attributes Requested (please specify where	email - Required

each is "Required" or "Desired")	first name - Required last name - Required
17. What "provisioning" data must be provided to the application in addition to attributes released via Shibboleth? Please attach a file layout if appropriate and describe how this data will be provided.	N/A
18. Who will be able to see the Shibboleth-provided attribute data provided to your application? For example, Administrators? Users? Public?	Administrators of Zoom