# SOCIAL SECURITY NUMBER
# REQUEST TO USE FORM

*The Social Security Number policy requires permission to be granted by the Chief Information Officer to use Social Security Number in any electronic system or form.*

Name: _____ Campus Phone: _____

Department: _____

Title: _____

Justification:

*Provide specific business reason(s) why use of Social Security number is required for this electronic system or form (paper or electronic). Attach sample form if applicable.*

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**Department Chair or Director Signature: _____**

**→ Please return completed form to CIO, CIT, South 119**