

**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.

Department Chair or Director Signature: _____

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