

SOCIAL SECURITY NUMBER ACCESS REQUEST FORM

Requestor: Please complete Parts I and II only. Then provide form to supervisor for approval and forward via email to all required approvers.

Approvers: Please complete Part III upon review of Parts I and II. Please type in your name and clearly indicate approval or denial of request and then forward via email.

PART I – REQUESTOR IDENTIFICATION INFORMATION

Name: _____ Email Address: _____

Department/Office: _____ Banner User ID (first part of Binghamton email): _____

PART II – SSN ACCESS REQUEST (Indicate system(s) requiring SSN access)

Y N SSN access requested: INB ODS Extender Workflow

PART III – REQUESTOR SSN ACCESS AND JUSTIFICATION (Justify access for each system requested)

Please indicate why you need to access SSN:

- | Yes / No | Access and Justification |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | I work with information from federal/state/local agencies or organizations that use the Social Security Number as a key identifier of each record.
If "Yes", list the specific federal, state and/or local agencies: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I work with insurance or medical records. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I work with collections, student bills, fines, etc. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I work with educational records and/or testing documents received from external entities.
If "Yes", list the specific external entities: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I enter admissions applications. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I work with third party entities that use the Social Security Number as a key identifier of each record and each party's privacy and security practices have been reviewed.
If "Yes", list the entities and reviewed privacy and security practices: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I'm responsible for generating reports required by law to include Social Security Numbers. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I provide SSN when necessary for internal Binghamton University interfaces.
If "Yes", provide verification of specific interfaces and associated owners here: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | I have other responsibilities that require access. If "Yes", provide detailed explanation: _____ |

PART IV – SSN ACCESS AUTHORIZATION/APPROVAL

Please indicate your approval or denial with a Yes or No. If denied, please detail reason. Then, forward the request form to the next authorizer.

- | Yes /No | Authorization |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | Supervisor: _____
Provide name of person authorizing access here. _____
If "No," specify reason for denial. _____ Approval Date: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | AVP/Dean: Provide name of person authorizing access here. _____
If "No," specify reason for denial. _____ Approval Date: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | University Registrar: Provide name of person authorizing access here. _____
If "No," specify reason for denial. _____ Approval Date: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Information Security Officer: Provide name of person authorizing access here. _____
If "No," specify reason for denial. _____ Approval Date: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | VP of Administration: Provide name of person authorizing access here. _____
If "No," specify reason for denial. _____ Approval Date: _____ |

Upon approval or denial by VP of Administration, please forward request form to the Registrar's Office via e-mail to tkelwal@binghamton.edu

OFFICE USE ONLY

- | Yes /No | Validation of Completed Actions |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | All authorizations completed and reviewed. |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Notification sent to Requestor (Indicate request decision – if access authorized, include instructions to complete Responsible Use Acknowledgement). _____ Date: _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N | SSN access activated: <input type="checkbox"/> INB <input type="checkbox"/> ODS <input type="checkbox"/> Extender <input type="checkbox"/> Workflow
Provide staff name activating SSN access here: _____ Date: _____ |