UF Compliance & Ethics
Privacy Office
UNIVERSITY *of* FLORIDA

Request to Collect or Use Social Security Numbers

Please return completed forms to the Privacy Office at privacy@ufl.edu. Call (352) 294-8720 with questions.

REQUESTED BY:			OTHER CONTACTS:	
Name of Individual responsible for SSN use:	Title:		Name of person completing Request:	
Department, Division or Unit Name:	College or Unit		Title:	
Telephone #:	Email:		Telephone #:	Email:
Date SSN Training completed:			Date SSN Training completed:	

DESCRIPTION & JUSTIFICATION (*To expedite review; please see instructions on the website before completing this section.***)**

Name & Description of System, Application or Process: *Attach all relevant sample forms, documents, reports, files, etc.*
Information System ☐   Work Process ☐   Research ☐   Other ☐
Name:
Brief Description:

Justification for use of SSN: *Identify any specific legal or regulatory statutes that may apply.*
Unique Identification ☐   Use of SSN Master Death List ☐   Data Linkage ☐
Other Use *(describe briefly)*:

Collection of SSN and Provision of Notice:
1. ☐ **SSNs will not be collected from individuals by UF, but will be collected from:**
   ☐ Existing records ☐ IRB-approved database ☐ Other entity:
2. ☐ **SSNs will be collected directly from individuals by UF.**
   If yes by: ☐ Employees ☐ Students ☐ Customers ☐ Research Participants ☐ Patients
   ☐ Others
   How will the SSN Privacy Notice be provided when UF collects the SSN?
   Included in the ICF: ☐ Included in a Consent for Procedure: ☐
   Other process *(describe)*:

How will the information be protected? *Describe all methodologies that will be used throughout the SSN lifecycle.*
During collection:
During use:
During storage/retrieval:
During transmission:
During disposal:

With whom will the SSN be shared? *Name all entities.*
If any are external vendors or agencies, how will they protect the number?   NA ☐ or *Describe in detail.*

When will the use of the SSN be discontinued?

Estimated Date of Final Use:

Describe the approach and timeline for:

Privacy Office Use Only
☐ Request approved   ☐ Request not approved   ☐ Request does not require approval
Comments:

Privacy Reviewer	Date