

My position at Temple University grants me privileged access to the following computer system(s), report name(s), form name(s) or other resource(s) on which Social Security Numbers ("SSN") exist. (All information systems, electronic or paper media designed to collect, store, transmit or otherwise handle Social Security Numbers must be approved by the Office of the Chief Information Security Officer).

- |                                                   |                                             |                                   |
|---------------------------------------------------|---------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Banner Student           | <input type="checkbox"/> Banner Advancement | <input type="checkbox"/> Other(s) |
| <input type="checkbox"/> Banner Finance           | <input type="checkbox"/> Cognos             | .....                             |
| <input type="checkbox"/> Banner Financial Aid     | <input type="checkbox"/> ePrint             | .....                             |
| <input type="checkbox"/> Banner HR                | <input type="checkbox"/> iGreentree         | .....                             |
| <input type="checkbox"/> Banner Imaging (Xtender) | <input type="checkbox"/> TUmarketplace      |                                   |

**Provide justification for access to Social Security Numbers:**

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.....

I have read the Social Security Number Usage Policy (policy #04.75.11) and the Social Security Number Usage Procedures (policy # 04.75.12), and I understand that Social Security Numbers are confidential. If I misuse or otherwise improperly disclose confidential information, I will be subject to disciplinary action, up to and including dismissal.

**Requester Name:** ..... **Requester Department:** .....

**Requester TUID:** ..... **Requester AccessNet:** .....

**Requester Signature:** ..... **Date:** .....

**DEPARTMENT APPROVAL**

The above individual is hereby granted permission to access and view Social Security Numbers while performing duties for Temple University.

**Supervisor Name:** .....

**Supervisor Signature:** ..... **Date:** .....

**Dean/Vice President/Vice Provost Name:** .....  
(or Designee)

**Dean/Vice President/Vice Provost Signature:** ..... **Date:** .....  
(or Designee)

Upon receipt of the signature of your cognizant Dean, Vice President or Vice Provost or their respective designee, please email the completed form to the University Privacy Officer at [privacy@temple.edu](mailto:privacy@temple.edu)

**UNIVERSITY APPROVAL**

**Information Security:** ..... **Date:** .....