

Access to Social Security Number Approval

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 and the University Privacy Officer).

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Banner Student | <input type="checkbox"/> Banner Finance | <input type="checkbox"/> Banner HR | <input type="checkbox"/> Banner Imaging (BDMS) |
| <input type="checkbox"/> Banner Financial Aid | <input type="checkbox"/> Banner Advancement | <input type="checkbox"/> ePrint | <input type="checkbox"/> iGreentree |
| <input type="checkbox"/> Cognos | <input type="checkbox"/> Other(s) (list below, attach sheets if needed) | | |

Provide justification for access to Social Security Numbers (Attach additional sheets if needed):

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.

Requestor Name: _____ TUID: _____
Please Print

Requestor Signature: _____ Date: _____

Approval Signatures

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

Supervisor Name: _____ Department: _____
Please Print

Supervisor Signature: _____ Date: _____

Dean (Schools/Colleges Only)

Signature: _____ Date: _____

Cognizant Vice President/Provost

Signature: _____ Date: _____

Vice President for Computer and Financial Services, and Chief Information Officer

Signature: _____ Date: _____