

AUBURN UNIVERSITY

Request for Authorization to Store Paper Records Containing  
Social Security Numbers (SSN)

The Social Security Number (SSN) Protection Policy restricts the collection, transport, use and storage of SSN regardless of media (including paper) to only those offices whose responsibilities require them to obtain SSNs in order to interact with and respond to external agencies for which the SSN is the primary identifier. The Policy further states The Division of Institutional Compliance & Privacy must approve storage of physical documents that contain SSNs. Any paper documents containing SSN are covered by this policy, even if the storage is temporary. Units needing to store documents containing SSN must complete and send this form to *Institutional Compliance & Privacy 304 Samford Hall, Auburn University, AL 36849* or email to [privacy@auburn.edu](mailto:privacy@auburn.edu) to receive the required authorization. (Note: collection, storage and transmission of SSN using website applications or other computer-based entry/storage requires approval by the office of the CIO.)

Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_

1. Describe the specific purpose for the collection and use of SSNs. Why is the use of other forms of identification (e.g. UserID or BannerID) insufficient?
2. Describe the lifecycle of the collected information: once the SSN is collected via these documents, why must the SSN must be stored, where will it be stored, for how long will it be stored, how are these forms transported from collection of the SSN to the storage location? How will the documents be destroyed when they are no longer needed?
3. Please describe how access to the physical documents will be secured and how access will be limited to authorized users based on a business need to know.
4. Additional information relevant to this request.

**Unit Head:**

*I understand that all records containing SSN must be protected against unauthorized access and use. I agree to implement necessary security measures and appropriate employee training to maintain the confidentiality of these records. I understand that the approval of this data collection & storage is subject to review by the Office of Audit, Compliance & Privacy and that I will implement agreed upon additional security recommendations commensurate with any review.*

_____ Signature	_____ Print Name	_____ Title	_____ Date
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Division of Institutional Compliance & Privacy Acknowledgement

_____ Signature	_____ Print Name	_____ Title	_____ Date
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