Request for Access to SSN data in UB InfoSource

Numbers. Completed hard copy of this form should be mailed to the appropriate data trustee for review. The department head of your area (Vice President, Dean, Vice Provost) and User signatures are required for processing. All requests must include the legal or business purpose> for the request as well as how the SSN will be used. You must indicate specific subject area and name of the view you are requesting (ex. area = Admissions, view = APPLICATION V). MI (Please Print) Title Last Name First Name Department **Department Address** Campus Telephone Number E-mail Address UB IT Name Find UB IT Name UB InfoSource Userid** ** Do not use this form if you do not have a valid UB InfoSource userid. To request an account on UB InfoSource complete Request for UB InfoSource Account. List the subject area AND specific view name(s) for which access is being requested (attach a separate sheet if additional space is required.) Example – Admissions is the subject area, APPLICATION_V is the view name): State the legal statute or business necessity* requiring access to Social Security numbers. * Data is required by law or necessity for business transactions, i.e. instances where the person number identifier CANNOT be used.

Complete this form to request approval to access UB InfoSource data containing Social Security

Duration for Access	
If data access is required for a special	project or for use by TA/GA please specify duration:
Start Date:	End Date:

Describe how data containing Social applicable.	Security numl	bers will be used. Include i	name of system if
Will UB InfoSource data containing Street	SN be downlo	paded?	
Your request will be reviewed by the I will be contacted via e-mail as to whe which you may wish to obtain access, the responsible Data Trustee for that	ther your acce a separate fo	ess has been approved. For	each subject area for
Dean/VP Approval: I have reviewed to and I confirm that there is a legal and, and/or follow practices as described in of this data and ensure it is kept confidence.	or business re SOCIAL SECU	equirement for this request.	. I agree to put in place
Dean/VP (Please Print)	Title		 Date
Dean/VP Signature	Dean/VP	email address	_
Compliance: Anyone who has breach disciplinary action or sanctions up to a policy and procedures. Violation may User Agreement: I agree to utilize socunderstand the confidential nature of read and will abide by the terms in the	and including of also result in of also result in of also in a	discharge and dismissal in a criminal prosecution. Ita in UB InfoSource for bus will not disclose or use it fo	accordance with University siness purposes only. I or personal gain. I have
User Signature	Title		Date
Office Use Only:			
*Approved by		Date:	
*Denied by		Date:	
*For the committee on InfoSource SS	N data access	Reason:	