Instructions for completing this form

1. Please fill out this form if your department is required to electronically store Social Security Numbers (SSN's).

2. Provide your department name, inventory number of the UTSA system, number of SSNs stored and the justification for maintaining them electronically.

3. The requester and department head are required to sign

4. Send the form to Annette Evans, SSN Coordinator, PP 2.410 for approval

Department Name	
UTSA Inventory number of system maintaining SSN's	
Approximately how many SSN's stored, i.e.(10, 100's, 1000's)	
Justification for maintaining SSN's on this system:	

Requester	**Print:**	**Date:**
	Sign:	**Phone:**
Department Head	**Print:**	**Date:**
	Sign:	**Phone**
SSN Coordinator	**Sign:**	**Date:**