

## University of Missouri

### Request to Transmit Multiple Social Security Numbers (SSN) to a Non-UM Entity

*NOTE: Use this form if you currently have University AltIDs and need to convert them to SSNs for transmission to a non-UM entity.*

The purpose of this form is to request approval for the conversion of multiple AltIDs to Social Security Numbers and transmit them to a non-University entity for a specific business process. This business process could include compliance with any laws or regulations requiring SSNs.

Please send completed forms to your business unit's [Information Security Officer](#) (ISO). Your ISO will review the request and submit it to your business unit's CIO for review. One form must be filled out for each distinct business use of SSN.

***Requesting Department Information:***

**Business Process/Application Name:**

**Business Unit:**

**Division:**

**Department:**

**Dean/Director/Chair:**

**Requestor Name:**

**Original File Name (MOVEit reference):**

1. Describe the specific purpose for SSN use. Please indicate why the use of other forms of identification (including an AltID or EMPLID) is insufficient.
  
  
  
  
  
  
  
  
  
  
2. List any federal or state laws or regulations that require the use of SSNs in this instance.
  
  
  
  
  
  
  
  
  
  
3. If the data will be transmitted internally provide the contact name and department to whom SSN will be transmitted.
  
  
  
  
  
  
  
  
  
  
4. If the data be transmitted to an outside 3<sup>rd</sup> party provide the contact name, email address or phone number and the name and description of the external entity to whom SSN will be transmitted.

5. If data will be transmitted to an outside 3<sup>rd</sup> party indicate if your (the requestor) department has a contractual relationship with the 3<sup>rd</sup> party and if such contract(s) include requirements of the 3<sup>rd</sup> party related to their use, retention and destruction of SSN's provided to them by the University. Attach copies of the contract or agreement to this request.
  
6. Describe the timeframe that the transmission of SSN is necessary and at what intervals (frequency).
  
7. Additional information relevant to this request.

**Requirements**

- All applicable University SSN Use and Data Classification level 4 requirements must be met.
- Data Transfers:
  - SSN Vault batch secure data transfers should be conducted internally and externally utilizing MOVEit Central or an equivalent application/process provided or approved by the central IT department at each business unit.
  - Data must be encrypted in transit and at rest outside of the SSN Vault.
- Media Requirements:
  - Media used to store/transmit data will be marked “confidential”.
  - Media used to store/transmit data will be secure and traceable.
  - Media used to store/transmit data will be kept physically secure.
  - Media and/or data will be destroyed upon completion of approved use.

**Transmission Protocol**

If request is approved, the business unit ISO will establish appropriate methods and protocols for collection, transmission, retention and destruction of data.

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**The following section should be completed by the requestor.**

**Requestor**

I agree to abide by the requirements set forth in this document including any additional methods/protocols established by my business unit’s ISO.

Signature	Print Name
Title	Date

**Dean/Director/Department Chair**

I acknowledge that signed Confidentiality Agreements for individuals with SSN access will be maintained by my department.

Signature	Print Name
Title	Date

**Data Steward (Business Unit Registrar for student information, Business Unit Human Resources Administrator for faculty/staff information)**

I have reviewed this form and approve the transfer of SSN for University business purposes. I have obtained any necessary legal/contractual approval, including a Memorandum of Understanding (if necessary).

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Signature

Print Name

Date

The following section should be completed by the business unit Information Security Officer.

**Security Review/Comments**

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**Security Reviewer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Approvals**

**Business Unit Information Security Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Business Unit Chief Information Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

The following section to be completed by CISO.

**UM Chief Information Security Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Vice President for Information Technology:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

