



**OFFICIAL POLICY**

**Subject/Title:** Social Security Number Use

**Policy Number:** FPU-1.0121P

New  Revised  Technical Revision Only  Emergency Policy

**Date First Adopted:** August 25, 2014

**Date Revised:** September 12, 2024

**Responsible Division or Department:** Finance and Administration

**Initiating Authority:** Dr. Allen Bottorff, CFO and VP Finance and Administration

**A. APPLICABILITY and PURPOSE:** This policy applies University wide including, but not limited to: Administration and Finance, Office of Financial Aid, Student Business Services, Admissions, Human Resources, the University Foundation, Student Health and Wellness, and University Police Department.

**B. POLICY STATEMENT:** Federal and state laws require that social security numbers are protected from unauthorized parties. In accordance with section 119.071 (5), Florida Statutes, the University may use social security numbers for purposes such as classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, tax and scholarship reporting, financial aid processing, recruiting, accreditation of programs, and reporting to a receiving agency or governmental entity in which the disclosure is necessary for the University to perform its responsibilities.

**C. DEFINITIONS:** Florida Polytechnic University identification number- Students, Faculty, and Staff are provided unique identification numbers in order to assist in protecting their identities.

**D. PROCEDURES:**

1. The University minimizes the use of social security numbers in campus operations and uses other identifiers, including the Florida Polytechnic University identification number, in place of the social security number unless required or authorized by law to collect the social security number. The social security numbers collected by the University may not be used for any purpose other than the purpose required or authorized by law.
2. The University may use social security numbers for Florida Prepaid billing, third party billing & collections, and student tax documents.
3. When collecting the social security number, the Statement on the Collection and Use of Social Security Numbers form (see attachment 1) will be provided.
4. In accordance with *Florida General Records Schedule GS5 for Public Universities and Colleges*, the University will not hold social security numbers of denied or unregistered students (defined for the purposes of this policy as students who did not submit an admissions deposit) in any format for longer than five (5) fiscal years past the intended entry year for the student. Departments holding these records will adhere to the related procedures defined in the IT security standard Protection of social security numbers in Admissions and Subsequent Student Records. The Office of the Chief Information Officer (CIO) is responsible for maintaining that standard.

**POLICY APPROVAL**

Policy No.: FPU-1.0121P

*Initiating Authority*

*Signature Date*

*Policies Committee Chair*

*Signature Date*

*President*

*Signature Date*

***FPU-BOT Approval:***

***Required***

***Not Required***

*Date Approved (if required)*

EXECUTED SIGNATURE PAGES ARE AVAIALBE IN  
THE OFFICE OF THE GENERAL COUNSEL

## ATTACHMENT 1

### Statement on the Collection and Use of Social Security Numbers

In accordance with the requirements of Florida law (Section 119.071 (5), Florida Statutes), Florida Polytechnic University collects social security numbers only if specifically authorized or required by law or if imperative for the performance of the University's duties and responsibilities. The University may collect social security numbers for some or all of the following purposes: identity tracking and management; billing and payments; credit worthiness; data collection, reconciliation and tracking; benefit processing; tax and scholarship reporting; financial aid processing; student health services, and reporting to authorized state and federal government agencies. Federal and state laws require us to protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned identification numbers to assist in tracking and protecting their personal information. A summary follows:

<b>ORGANIZATION</b>	<b>PURPOSE</b>	<b>STATUTORY AUTHORITY</b>	<b>MANDATED, AUTHORIZED OR BUSINESS IMPERATIVE</b>
Admissions	Student record management	Fla. Stat. 119.071 (5)(a)(2.a)(II)	Business Imperative
Continuing Education	Licensure; identity management; student record management	Fla. Stat. Sec.119.071 (5)(a)(2.a)(II)	Business Imperative
Bursar/Financial Services/ Controller's Office	Garnishments; Collections; Tax reporting	Fla. Stat. 119.071 (5)(a)(2.a)(II)	Mandated; Business Imperative
Health and Wellness Center	Patient Identification and Tracking	Fla. Stat. 119.071 (5)(a)(2.a)(II)	Business Imperative
Human Resource Services/ Payroll	Tax reporting; benefits eligibility; Unemployment Compensation; Workers Compensation	Sec. 6109, I.R.C.; Sec. Fla. Stat. 119.071 (5)(a)(2.a)(II); Fla. Stat. 443.1715	Mandated; Business Imperative
Police Department	Background Screening; Identity Management; law enforcement	Fla. Stat. 943.13, Fla. Stat. 119.071 (5)(a)(2.a)(II)	Mandated; Business Imperative
Procurement and Contracts/ Accounts Payable	Tax reporting; contracts & purchases	Sec. 6109, I.R.C. ; Fla. Stat. 119.071 (5)(a)(2.a)(II)	Mandated; Business Imperative
Registrar	Student record management	Fla. Stat. 119.071 (5)(a)(2.a)(II)	Business Imperative
Student/Enrollment Financial Affairs	Financial aid programs	34 CFR 668.14 and 34 CFR 668.16; Sec. 1091(a)(4) , 20 U.S.C.	Mandated
Foundation	Tax Reporting	3402(t)(2)(A); Sec. 6109, I.R.C.	Mandated

The collection, use, or release of your Social Security Number for the above purposes is imperative for the performance of the Florida Polytechnic University's duties.

By signing this document, you acknowledge receipt of the above statement.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The item below must also be completed when someone other than the individual named above is signing on behalf of the individual:

I \_\_\_\_\_ (print name) am the legal guardian, custodian or have Power of Attorney for this individual.

Signature of Patient or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

