

COLLEGE of CHARLESTON

REQUEST FOR COLLEGE OF CHARLESTON EMPLOYEE ACCESS TO VIEW FULL SSN (VERSUS JUST THE LAST 5 DIGITIS OF THE SSN) OR TO COLLECT AND POPULATE THE SSN IN INTERNET NATIVE BANNER (INB)

EMPLOYEE NAME: _____

EMPLOYEE INB USER NAME: _____

EMPLOYEE CWID: _____

Check all that apply: Full-time____ Temporary____ Student Worker____
Part-time____ Permanent ____ Graduate Assist.____

EMPLOYEE JOB TITLE: _____

EMPLOYEE DEPT: _____

DEPT HEAD NAME: _____

Job responsibilities of this employee which require that the employee either collect and populate the SSN in INB or view the full Social Security Number instead of just the last 5 digits for record verification purposes, etc.:

FOR EMPLOYEE:

_____ I have read and agree to comply with the Banner Statement of Accountability.

SIGNATURE: _____ DATE: _____

DEPT. HEAD'S SIGNATURE AND AGREEMENT THAT THIS ACCESS IS NECESSARY:

_____ DATE: _____

EXECUTIVE VICE PRESIDENT APPROVAL AND SIGNATURE:

_____ DATE: _____

Forward to IT Security Office when complete

Last revised: 3/11/11