

Social Security Number Retention Exception Request

Questions about this form? Please call 701-231-9413

All occurrences of Social Security Numbers (SSNs) in electronic and paper format must be reported using this form.

Date: _____

Requestor Name: _____ Title: _____

Department: _____ Division or College: _____

Phone: _____ E-mail: _____

Record Information (please attach a copy of current document being used that contains the SSN information)

Document Holder/Owner Name: _____

Document Holder/Owner Title: _____

Record Title: _____

Explain why the SSN must be retained: _____

Estimated number of records to be retained: _____ Will the SSN be used as a primary identifier? Yes No

Length of Retention: _____

Storage Format: _____ Are data & backup data encrypted? Yes No

Storage Location: _____

Source document(s) containing SSNs (e.g. parents' tax forms, etc.): _____ Document Source: Internal External

Indicate approximate number requiring access to records:

Faculty: _____ Staff: _____ Students: _____ Others (describe): _____

Describe any access controls or security measures (e.g. firewall, encryption, etc.) that are or will be implemented to protect the data: _____

For records management purposes, please indicate the Records Control number (RCN) _____

(for a list of RCNs, see http://www.ndsu.edu/recordsmanagement/records_retention_schedule/ and click on the link at the tip of the page.)

Requestor Signature _____ Date _____

Department Head Signature _____ Date _____

Internal Auditor's Signature _____ Date _____

For Internal Auditor's Use Only:

Please print this form.

Route this form to :
Audit & Advisory Services
16 Old Main
Phone (701) 231-9413
Fax (701) 231-7050