State of Illinois
Department of Central Management Services

Social Security Number Justification

The security of personal information is of utmost importance to the state of Illinois. The Illinois Identity Protection Act requires that state agencies provide statements of the purpose(s) for which the agency is collecting and using social security numbers. Submission of this form is required for each application which utilizes or intends to utilize social security numbers.

Date:

Submitting Agency:

Submitter Name: Phone:

Email:

Application Name:

Estimated number of SSNs that will be collected, stored, or used?

Approximately how many people have access to the SSNs?

Are SSNs transferred to another system or sent outside the State network? ☐ Yes ☐ No

Provide details of the transfer:

What is the data retention period?

What steps have been or will be taken to protect SSNs within the application? (Check all that apply)

☐ Database encryption ☐ Encrypted in transit ☐ Full masking (xxx-xx-xxxx) ☐ Partial masking (xxx-xx-1234)

☐ Other (explain):

Explanation of how the SSNs are used in the application:

Provide justification for using SSNs in the application:

Director Approval

Director's Name:

☐ By checking this box, I certify that the Director has been briefed on the need to use social security numbers in the above listed application.

Please send completed forms to cms.bccs.adminsafeguard@illinois.gov.

Print Form Submit by Email