

STATEMENT OF PURPOSE FOR COLLECTING SOCIAL SECURITY NUMBERS

This Statement of Purpose is being given to you because you have been asked by the School District to provide your social security number (SSN) or because you requested a copy of this Statement.

You are being asked for your SSN for one or more of the following reasons:

- Employment matters, e.g., income reporting to IRS and the IL Department of Revenue, tax withholding, FICA, or Medicare.
- Verifying enrollment in various benefit programs, e.g., medical or disability insurance and veterans' programs.
- Filing insurance claims.
- Internal verification or administrative purposes.
- Other, as permitted by the Identity Protection Act.

In addition, State law authorizes and/or requires the District to use or disclose your SSN in specified circumstances including, without limitation, in the following circumstances:

1. Disclosing SSNs to another governmental entity if the disclosure is necessary for the entity to perform its duties and responsibilities;
2. Disclosing a SSN pursuant to a court order, warrant, or subpoena; and
3. Collecting or using SSNs to investigate or prevent fraud, to conduct background checks, to collect a debt, or to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act.

If you have questions or concerns, please contact [insert contact information].

LEGAL REF: 5 ILCS 179/, Identity Protection Act.

CROSS REF: 2:250 (Access to District Public Records), 5:150 (Personnel Records), 7:340 (Student Records)