

Exhibit – Statement of Purpose for Collecting Social Security Numbers

This Statement of Purpose is being given to you because you have been asked by the 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 benefits, health insurance claims, or veterans' programs.
- Filing insurance claims.
- Internal verification or administrative purposes.
- Other: _____

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 SSNs 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: _____

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~~LEGAL REF.: 5 ILCS 179/, Identity Protection Act.~~
~~CROSS REF.: 4.15~~
~~ADMIN. PROC.: 4.15-AP1, 4.15-E1, 4.15-E3~~

Adopted: April 13, 2011
Reviewed: ~~April 2017~~ October 2024
Amended: April 26, 2017