



THE UNIVERSITY OF TEXAS AT BROWNSVILLE AND TEXAS SOUTHMOST COLLEGE  
 80 Fort Brown  
 Brownsville, Texas 78520

**ACKNOWLEDGEMENT AND AWARENESS  
 OF THE PROVISIONS OF UTS 165**  
 Policy for Protecting the Confidentiality of Social Security Numbers

Please fill out and submit completed form to Human Resources, Cortez 129.

Select One:            Full-time            Part-time

Select One:            Faculty            Staff            Work-Study

\_\_\_\_\_  
 Employee Name

\_\_\_\_\_  
 Employee ID Number

\_\_\_\_\_  
 Employee Department

\_\_\_\_\_  
 Employee Division

\_\_\_\_\_  
 Employee E-Mail

I currently have or could have access to Social Security Numbers for the performance of my job responsibilities.

I acknowledge that I have read the *Information Resources Use and Security Policy* (UTS 165), and understand that I must comply with the Policy when accessing and using this data. I understand that my failure to comply with the Policy may result in cancellation of my privilege of use, appropriate disciplinary action, including discharge or dismissal in accordance with the institution's policies and procedures, and action by law enforcement authorities.

I will promptly report inappropriate disclosures of Social Security Numbers to my supervisor who shall report the disclosure to the SSN Coordinator.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

Original form must be submitted to Human Resources for placement in the employee's file.

Copy must be retained by the employee's supervisor and be available to the appropriate Vice President.