

**OPERATIONAL SERVICES**

**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 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 benefits, health insurance and 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 [insert contact information].

Adopted 04-18-11  
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