

# FEDERAL REQUIREMENT FOR SOCIAL SECURITY NUMBERS

As part of your application for an initial certificate or license, or renewal of the same, issued by the Oregon Board of Accountancy, you are required to provide your Social Security Number to this agency. The authority for this requirement is Oregon Revised Statute (ORS) 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13) (Federal Law).

Failure to provide your Social Security Number will be a basis to refuse to issue or renew the certificate or license you seek. This record of your Social Security Number will be used for child support enforcement and tax administration purposes (including identification), unless you authorize other uses of the number. It will also be used to report any final adverse actions against you by the Board to the United States Department of Health & Human Services as required by 42 USC § 1320(a) - (7)(e) and 45 § CFR 61.7.

Although a number other than your Social Security Number appears on the face of the certificate or license issued by the Oregon Board of Accountancy, your Social Security Number will remain on file with this agency.

Social Security Number:

 -  - 

Signature

Date

# VOLUNTARY CONSENT TO USE YOUR SOCIAL SECURITY NUMBER

Oregon Revised Statutes authorizes the Oregon Board of Accountancy to request that you voluntarily allow the Board to use your Social Security Number for identification purposes **IN MAINTAINING RECORDS, REPORTING GRADES OR EXAM SCORES, COLLECTION PURPOSES, OR FOR VERIFICATION OF LICENSURE, EMPLOYMENT, AND/OR INSURANCE.**

If you choose to not allow your Social Security Number to be used for any of these purposes, it will not be used as a basis to deny you any right, benefit or privilege provided by law. If you consent to this use, it will be used only for the purposes described above and not given to the general public.

By signing this consent to use your Social Security Number, you authorize the Oregon Board of Accountancy to use it for the purposes stated above.

I hereby consent to disclose my Social Security Number to the Oregon Board of Accountancy for the use(s) described above.

Signature for Consent to Use Social Security Number

Date