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DEPARTMENT OF EDUCATION  
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**TO:** ADULT EDUCATION COORDINATORS

**FROM:** DIVISION OF COMMUNITY COLLEGES  
BUREAU OF ADULT, CAREER AND COMMUNITY COLLEGE EDUCATION

**SUBJECT:** POLICY MEMORANDUM USE OF SOCIAL SECURITY NUMBERS AND DATA MATCH REQUIREMENTS

**DATE:** MARCH 15, 2013

Effective: Immediately

## **POLICY STATEMENT**

1. All Adult Education and Literacy (AEL) programs funded in Iowa by the Adult Education and Family Literacy Act (AEFLA) are required to participate in the state data match process.
2. All AEL programs are to ask all students for their social security number during the admission process. Student social security numbers will be entered into TopsPro Enterprise™ and will be used for the state data match follow-up report of student employment, entry into postsecondary and training, and GED® completion.

## **PURPOSE**

The authorizing federal legislation for adult education services is the Workforce Investment Act of 1998 (WIA), and specifically Title II of WIA, the Adult and Family Literacy Act (AEFLA). When WIA was enacted, Title II established a comprehensive performance accountability system to assess the effectiveness of states in achieving continuous improvement of adult education and literacy activities, in order to optimize the return on investment of federal funds. The National Reporting System (NRS) is the accountability system established to address that requirement in the law.

Under the law, Iowa is accountable for showing progress toward continuously improving performance using the following performance measures:

- Demonstrated improvements in literacy skill levels in reading, writing, and speaking the English language, numeracy, problem solving, English language acquisition, and other literacy skills;
- Placement in, retention in, or completion of, postsecondary education, training, unsubsidized employment or career advancement; and
- Receipt of a secondary school diploma or its recognized equivalent.

Iowa, as a data matching state must comply with the Code of Federal Regulations (CFR) Title 34, Part 99 – Family Educational Rights and Privacy. The regulations in 34 CFR §99.31, which were published on December 2, 2011, articulate the specific conditions under which information may be disclosed or shared.

**GUIDANCE**

The state of Iowa uses data matching as the methodology to follow up on NRS core measures. The Social Security Number (SSN) of the student will be used to match data with Iowa Workforce Development (IWD) unemployment insurance (UI) records and other records used by IWD.

The SSN of the individual student is used by the State Adult Education and Literacy (AEL) program only to search records and is not released to any other third party individual or agency. Accurate SSNs are critical to the success of the data matching process. Local programs are responsible for checking enrollment information for missing or invalid SSNs and are prohibited from “making up” a SSN for a student. If a student fails to provide his/her SSN, local programs should follow up with the student to obtain the SSN.

While social security numbers are not a requirement for participation in WIA Title II programs, adult education programs must attempt to gather social security information from students. A student may refuse to provide his/her SSN to a local program; however, local program personnel will explain how this information is used and its importance in demonstrating program performance. This can be done by indicating to students:

1. the purpose(s) for requesting a social security number;
2. the fact that this data is kept confidential;
3. the data when matched in the computer system is not tagged to a student’s name, address, etc.; and,
4. the need to have accurate data for outcome reporting to continued federal support for the program.

If a student chooses to not disclose this information, the program will assign a unique number for that respective student to track his/her performance and educational outcomes as a result of participating in the WIA Title II program.

**Reasonable Methods***Prior Written Consent*

- Educational agencies and postsecondary institutions have greater flexibility in disclosing protected information contained within an eligible student’s educational record if the student, or his or her parent, has provided **prior written consent** for the disclosure of information. Obtaining prior written consent satisfies all other conditions associated with conducting record matching. Prior consent is established when an eligible student or parent signs and dates a statement that:
  - Specifies the records that may be disclosed;
  - States the purpose of the disclosure; and
  - Identifies the party to whom disclosure may be made.

*Written Agreements*

- To limit creating a procedure that may serve to only increase costs and provide less privacy protection a reasonable method deemed appropriate and within the guidelines offered by the Department of Education would be a signed **written agreement**. This agreement would serve to provide assurances from all staff responsible for handling the collecting and reporting of personally identifiable information (PII). The written agreement must:
  - Designate the individual as an authorized representative;
  - Specify the information to be disclosed and the purpose;
  - State that the information when no longer needed will be destroyed; and
  - Establish policies and procedures to protect personally identifiable information from further disclosure and unauthorized use.

**Monitoring and Evaluation**

- Programs must maintain at least one of the two options for protecting the confidentiality and security of the students being served personally identifiable information.
- Programs will be reviewed during their annual monitoring by the State AEL program for their compliance.
- Signed and dated written agreements will be stored on Iowagrants.gov associated with the individual AEL program, while prior written consents will be stored in the individual student files on site.

*Adult Education and Family Literacy Act*

*FERPA CONSENT FORM*

- I, a student at a postsecondary educational institution or a student age 18 years or older, consent to the release of personally identifiable information from my education records; or
- I, parent or guardian of a student at a secondary educational institution under the age of 18, consent to the release of personally identifiable information from the education records of my son/daughter.

I understand that the records to be disclosed include my social security number and other personally identifiable information from my education records. I acknowledge that the purpose of the disclosure is to assist the Iowa Department of Education in obtaining and reporting information concerning the placement and retention of students in employment as required by section 212 of the Adult Education and Family Literacy Act. I understand that the personally identifiable information will be disclosed by the educational institution to Iowa Workforce Development and the National Student Clearinghouse. This information may not be re-disclosed to others and will be destroyed as soon as all statistical analysis has been performed, or when the information is no longer needed, whichever date comes first.

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Signature of Parent or Student      Date

## IOWA'S ADULT EDUCATION AND LITERACY

### PERSONAL CONFIDENTIALITY STATEMENT

**This form must be completed by the local Adult Education and Literacy (AEL) program coordinator and any AEL staff receiving restricted or confidential data from participants in Adult Education and Family Literacy Act funded program as a result of data matches conducted for federal reporting.** The data is to be used for the sole purpose of establishing and evaluating state and federal reporting on student performance measures related to gaining and retaining employment, enrolling in postsecondary education and training, and obtaining a High School Equivalency Diploma.

I, \_\_\_\_\_, am an employee of \_\_\_\_\_, which understands that in the course of my employment I may have access to confidential information from participants that will be used by the Iowa Department of Education to perform data matching as required by the Adult Education and Family Act, Title II of the *Workforce Investment Act (WIA) of 1998*. These records contain personally identifiable and directory information including social security numbers. Information will be shared with Iowa Workforce Development, the National Student Clearinghouse, and GED® data systems for the purpose of matching core measures. ***No other use will be made of confidential data without a written consent by the participant on file.***

In connection with access to any confidential information furnished by the above, I acknowledge and agree to abide by the terms of the following assurances:

- I will access and use the confidential information only as necessary for the performance of my official job duties and only for the purpose(s) of carrying out the obligations as defined by the AEL reporting requirements.
- I will establish or enforce policies and procedures for safeguarding the confidentiality of such data, including but not limited to staff safeguards, physical safeguards and technical safeguards. Individuals may be civilly or criminally liable for improper disclosure.
- I will store the confidential information only on my employer's premises in an area that is physically safe from access by unauthorized persons during duty hours, as well as non-duty hours or when not in use.
- I will process the information and any records created from the information in a manner that will protect confidentiality by direct or indirect means, and in such a way that unauthorized persons cannot retrieve the information by any means.
- I will retain identifiable records only for the period of time required and will then destroy the records. (Data should not be needed once final changes are made in TE™ from the last data match for each fiscal year, usually an 21 month period (for example, March 31, 2012 – December 31, 2014).
- I will immediately notify the State AEL Program of *any* suspected or actual violation of confidentiality.

- I will inform the State AEL Program when I no longer need restricted access to data match information provided by participants.
- I have read the above-cited agreement and will comply with the terms, including but not limited to, the following: protecting the confidentiality of my personal access codes (e.g., username, password, etc.); securing computer equipment, memory devices and offices where confidential data may be kept; verifying that individuals requesting access to the data are authorized to receive them; and following procedures for the timely destruction of the data.
- I understand if I violate any confidentiality provisions, my access privileges may immediately be suspended or terminated.

**By signing below, I acknowledge that I have read and understand the information about the confidentiality requirements for the data gathered from participants and shared with Iowa's Department of Education; Iowa Workforce Development; and the National Student Clearinghouse, and I will adhere to them. I understand the possible penalties for failure to comply.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed  
Name/Title: \_\_\_\_\_

Agency/Co.  
Name/Address: \_\_\_\_\_

Telephone/Fax/Email  
Address: \_\_\_\_\_

**Please return this completed signed form for each staff person approved for direct access to Personal Confidential Information to:**

The Adult Education and Literacy Team  
c/o – Amy Vybiral, Program Consultant  
amy.vybiral@iowa.gov  
(email confirmation of receipt from Amy Vybiral)