



Pasco Sheriff's Office



STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PSO Case No. (If applicable): _____

The Sheriff's Office collects social security numbers from individuals under certain circumstances, including, but not limited to: (1) employment applications; (2) arrestees; (3) individuals booked into the detention facility; (4) individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification; (5) citizen contacts during a consensual field interview; (6) traffic stops to verify identity of the driver and any other individuals present in the vehicle; (7) traffic citations; (8) when specifically authorized to do so by law, or when collection is imperative for the performance of the Sheriff's Office's duties and responsibilities as prescribed by law. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. These social security numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Pasco Sheriff's Office may have collected your social security number. The purpose of collecting, and the intended use(s) of, your social security number are to facilitate, ensure or enable:

1. Accuracy in our identification of you;
2. The proper crime is charged;
3. Effectiveness in our police practices;
4. Our ability to protect the health and safety of persons; and/or
5. Participation in mandatory federal programs such as income, SS and Medicare taxation.

Collection of your social security number was (check one):

_____ **Mandatory** (If we have mandated your disclosure of your social security number, we have done so under the authority of Title 42, Sec. 405 of the Tax Reform Act of 1976; or Florida Statutes Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons), or Chapter 790 (investigations/return of firearms).

_____ **Voluntary**

_____ **From a source other than you**

I acknowledge that the Pasco Sheriff's Office has provided me with a copy of this written statement.

Printed Name: _____ Signature: _____

Date: _____