



Privacy Impact Assessment (PIA)
for the

This PIA was originally approved on and reviewed on by
the system owner certifying the information contained here is current and up to date.

Contact Point

Contact Person/Title:

Contact Email:

System Owner

Name/Title:

Program Office:

Please submit completed Privacy Impact Assessments to the Privacy Safeguards Division at privacysafeguards@ed.gov.

Please complete this **Privacy Impact Assessment (PIA)** on how personally identifiable information (PII) is collected, stored, protected, shared, and managed electronically by your system. You may wish to consult with your ISSO in completing this document. **If a question does not apply to your system, please answer with N/A.**

All text responses are limited to 1,500 characters. If you require more space, please contact the Privacy Safeguards Team.

1. Introduction

1.1 Describe the system including the system name, system acronym, and a brief description of the major functions.

1.2 Describe the purpose for which the personally identifiable information (PII)¹ is collected, used, maintained or shared.

¹ The term “personally identifiable information” refers to information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc. <https://www.whitehouse.gov/sites/default/files/omb/memoranda/fy2007/m07-16.pdf>

1.3 Is this a new system, or one that is currently in operation?

1.4 Is this PIA new, or is it updating a previous version? If this is an update, please include the publication date of the original.

Original Publication Date:

1.5 Is the system operated by the agency or by a contractor?

2. Legal Authorities and Other Requirements

If you are unsure of your legal authority, please contact your program attorney.

2.1 What specific legal authorities and/or agreements permit and regulate the collection and use of data by the system?

SORN

2.2 Is the information in this system retrieved by an individual's name or personal identifier such as a Social Security Number or other identification? Please answer **YES** or **NO**.

2.2.1 N/A If the above answer is **YES** this system will need to be covered by a Privacy Act System of Records Notice(s) (SORN(s)).² Please provide the SORN name and number, or indicate that a SORN is in progress.

Records Management

If you do not know your records schedule, please consult with your records liaison or send an email to RMHelp@ed.gov.

2.3 Does a records retention schedule, approved by the National Archives and Records Administration (NARA), exist for the records contained in this system? If yes, please provide the NARA schedule number.

² A System of Records Notice (SORN) is a formal notice to the public that identifies the purpose for which PII is collected, from whom and what type of PII is collected, how the PII is shared externally (routine uses), and how to access and correct any PII maintained by ED. <https://connected.ed.gov/om/Documents/SORN-Process.pdf>

2.4 Is the PII contained in this system disposed of appropriately, and in accordance with the timelines in the records disposition schedule? Please answer **YES** or **NO**.

3. Characterization and Use of Information

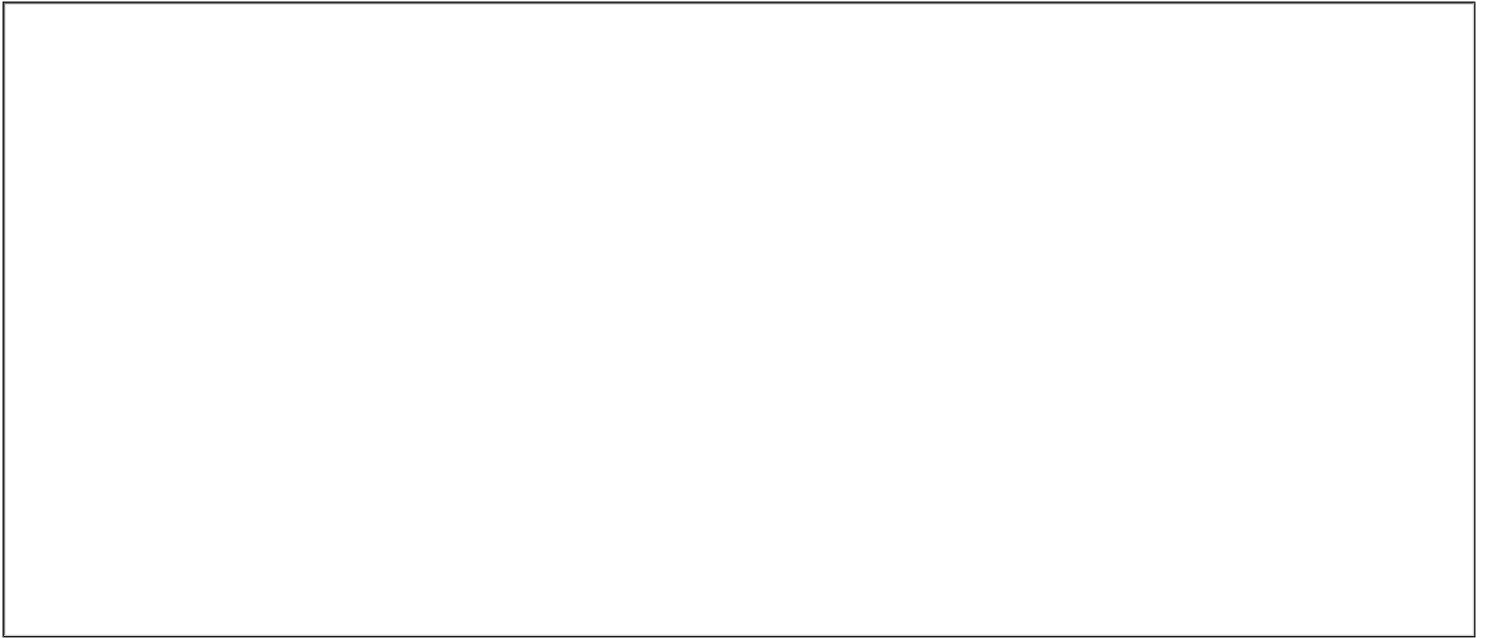
Collection

3.1 List the specific personal information data elements (e.g., name, email, address, phone number, date of birth, Social Security Number, etc.) that the system collects, uses, disseminates, or maintains.

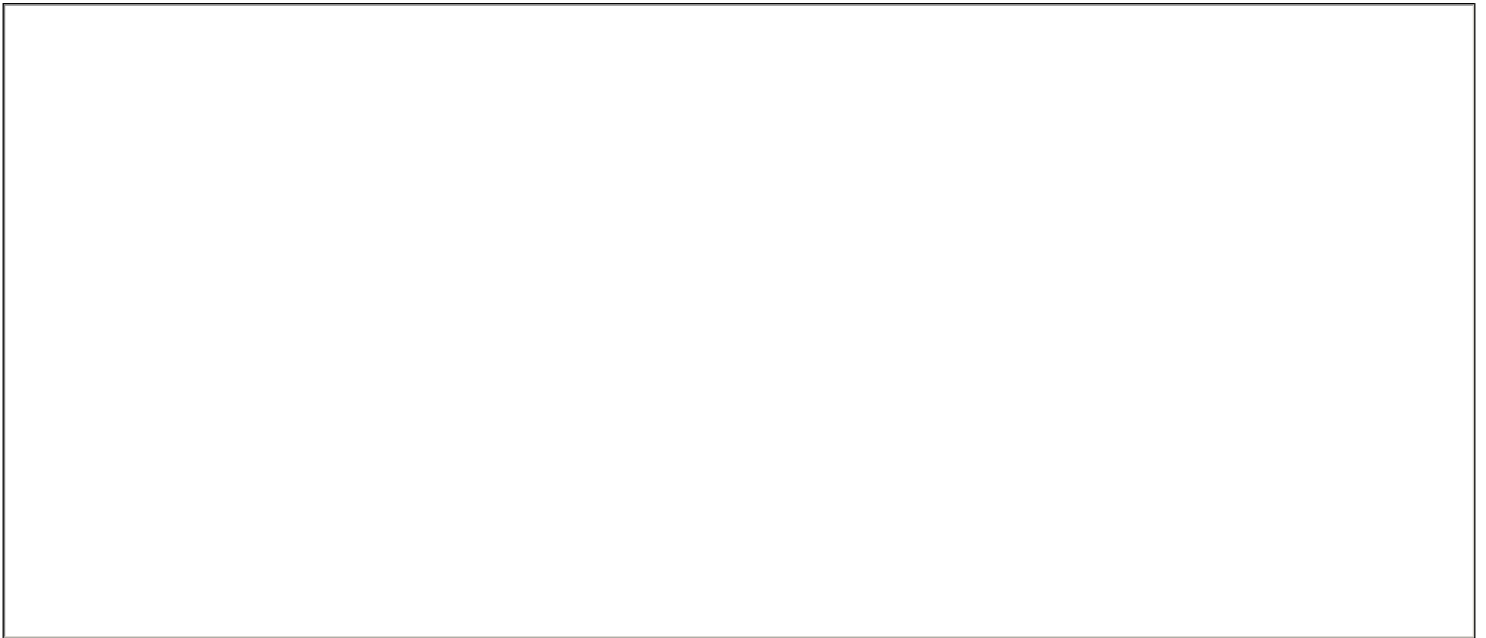
3.2 Does the system collect only the minimum amount required to achieve the purpose stated in Question 1.2? Please answer **YES** or **NO**.

3.3 What are the sources of information collected (e.g., individual, school, another agency, commercial sources, etc.)?

3.4 How is the information collected from stated sources (paper form, web page, database, etc.)?



3.5 How is this information validated or confirmed?³



³ Examples include form filling, account verification, etc.

Use

3.6 Describe how and why the system uses the information to achieve the purpose stated in Question 1.2 above.

3.7 Is the project using information for testing a system or for training/research purposes? Please answer YES or NO.

3.7.1 N/A If the above answer is **YES**, what controls are in place to minimize the risk and protect the data?

3.8 Does the system use "live" PII for the development or testing of another system? Please answer YES or NO.

3.8.1 N/A If the above answer is **YES**, please explain.

Social Security Numbers

It is the Department's Policy that, in order to collect Social Security Numbers, the System Owner must state the collection is: 1) authorized by law, 2) necessary for an agency purpose, and 3) there is no reasonable alternative.

3.9 Does the system collect Social Security Numbers? Please answer **YES** or **NO**.

3.9.1 N/A If the above answer is **YES**, explain the purpose for its collection, and how the SSN will be used. *Please note if the system collects SSNs, the PIA will require a signature by the Assistant Secretary or equivalent.*

3.10 N/A Specify any alternatives considered in the collection of SSN and why the alternatives were not selected.

4. Notice

4.1 How does the system provide individuals notice about the collection of PII prior to the collection of information (i.e. written Privacy Act notice, link to a privacy policy, etc.)? If notice is not provided, explain why not.

4.2 N/A Provide the text of the notice, or the link to the webpage where the notice is posted.

4.3 What opportunities are available for individuals to consent to uses, decline to provide information, or opt out of the project?

5. Information Sharing

Internal

5.1 Will information be shared internally with other ED organizations? Please answer **YES** or **NO**. If the answer is **NO**, please skip to Question 5.4.

5.2 N/A What information will be shared and with whom?

5.3 N/A What is the purpose for sharing the specified information with the specified internal organizations?
Does this purpose align with the stated purpose in Question 1.2 above?

External

5.4 Will the information contained in the system be shared with external entities (e.g. another agency, school district, etc.)? Please answer **YES** or **NO**. If the answer is **NO**, please skip to Question 5.8.

5.5 N/A What information will be shared and with whom? Note: If you are sharing Social Security Numbers, externally, please specify to whom and for what purpose.

5.6 N/A What is the purpose for sharing the specified information with the specified external organizations? Does this purpose align with the stated purpose in Question 1.2 above?

5.7 N/A How is the information shared and used by the external entity?

5.8 N/A Is the sharing pursuant to a Computer Matching Agreement (CMA), Memorandum of Understanding (MOU) or other type of approved sharing agreement with another agency? Please answer **YES** or **NO**.

5.9 N/A Does the project place limitation on re-disclosure? Please answer **YES** or **NO**.

6. Redress⁴

6.1 What are the procedures that allow individuals to access their own information?

⁴ If the system has a System of Records Notice (SORN), please provide a link to the SORN in Question 6.1 and proceed to Section 7 - Safeguards.

6.2 What procedures are in place to allow the subject individual to correct inaccurate or erroneous information?

6.3 How does the project notify individuals about the procedures for correcting their information?

7. Safeguards

If you are unsure which safeguards will apply, please consult with your [ISSO](#).

7.1 Does the principal office work with their CSO/ISSO to build privacy & security into the system and build privacy extensions to the extent feasible? Please answer **YES** or **NO**.

7.2 What procedures or access controls are in place to determine which users may access the information and how does the project determine who has access?

7.3 What administrative, technical, and physical safeguards are in place to protect the information?

7.4 Is an Authority to Operate (ATO) required? Please answer **YES** or **NO**.

7.5 Is the system able to provide account of any disclosures made? Please answer **YES** or **NO**.

7.6 Is the information in the system appropriately secured in accordance with the IT security requirements and procedures as required by federal law and policy? Please answer YES or NO.

7.7 Has a risk assessment been conducted where appropriate security controls to protect against that risk been identified and implemented? Please answer YES or NO.

7.8 Please describe any monitoring, testing or evaluation conducted on a regular basis to ensure the controls continue to work properly at safeguarding the information.

8. Auditing and Accountability

8.1 How does the system owner ensure that the information is used in accordance with stated practices in this PIA?

8.2 What are the privacy risks associated with this system and how are those risks mitigated?



Official Signatures

Senior Program Official

Date

Computer Security Officer/Information System Security Officer

Date

FOR SYSTEMS THAT COLLECT, MAINTAIN AND/OR TRANSFER SSNs

Assistant Secretary/Equivalent Designee

Date

Chief Privacy Officer

Date