

INFORMATION COLLECTION REQUEST COORDINATION SUMMARY SHEET

1. OMB CONTROL NO. <i>(or placeholder)</i>	2. TITLE	3. COMPONENT
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4. ACTION OFFICER		
a. NAME	b. PHONE NUMBER	c. E-MAIL ADDRESS

5. PRA LIAISON		
a. NAME	b. PHONE NUMBER	c. E-MAIL ADDRESS
d. SIGNATURE		e. DATE (YYYYMMDD)

6. COORDINATION				
a. COORDINATOR	b. COORDINATION REQUIRED (Yes/No)	c. COORDINATOR REMARKS	d. COORDINATOR SIGNATURE	e. DATE (YYYYMMDD)
PRIVACY OFFICER <i>(SORN, PAS, PAA, SSN Justification/Plan)</i>				
RECORDS MANAGER/ RECORDS ADMINISTRATOR <i>(Records Schedule/ Disposition)</i> https://www.archives.gov/records-mgmt/agency/departments/defense.html				
CHIEF INFORMATION OFFICER <i>(PIA/Data Security)</i>				
DPAC <i>(Surveys - Methodology & Scientific Review)</i> dodhra.mc-alex.dpac.mbx.dod-survey-review@mail.mil				
HRPP OFFICIAL/INSTITUTIONAL REVIEW BOARD <i>(Research)</i>				
FORMS MANAGER <i>(Forms Assessment)</i>				
GENERAL COUNSEL <i>(For Incentive/Gifts)</i>				
RDD <i>(For DD Forms Only)</i>				
Air Force Survey Office <i>(complete before DPAC for surveys to AF personnel)</i> afpc.dsyst.af.surveyoffice@us.af.mil				

7. ADDITIONAL REMARKS
