

**DHS PREDICT NOTICE OF DATA ACCESS EXPIRATION
Cover Sheet**

1. Department Name: Department of Homeland Security
2. Component/Agency Name: Science and Technology Directorate
3. OMB Control Number: 1640-0012
4. Expiration Date: TBD (Three years from approval date)
5. Agency Form Number: DHS Form 10061 (04/10)
6. Name of Form: NOTICE OF DATA ACCESS EXPIRATION
7. Purpose of Form: To alert users that access to data is expiring and to allow users to apply for extensions.
8. How to submit: Sign and fax to the PREDICT Coordinating Center, RTI International, Attn: Renee Karlsen, 866.835.0255 (toll free).



PREDICT NOTICE OF DATA ACCESS EXPIRATION

Reference Issue #:

Dear _____:

This document is used by the PREDICT Coordinating Center (PCC) to notify a Researcher/User that their Memorandum of Agreement (MOA) and access to approved Datasets is about to expire and to ask whether they would like to extend the MOA and access to approved Datasets for an additional 180 days.

Our records indicate that your MOA, MOA ID _____, between _____ and the PCC, and authorization to use the PREDICT datasets listed below will expire on _____:

Please check the appropriate box:

I would like to request an amendment to the MOA to extend access to the approved datasets for an additional 180 days. This notice must be returned to the PCC at least seven (7) working days **before** the expiration of the existing MOA, as noted above.

I do not need to extend access to the approved datasets.

Please fill in the information below and fax this document to the PREDICT Coordinating Center, RTI International, Attn: Renee Karlsen, at **866.835.0255 (toll free)**. Questions may be directed to Ms. Karlsen by telephone at (919) 541-7115 or via email at PREDICT-contact@rti.org.

Contact Information

Name _____
 Title _____
 Organization _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Phone _____
 Fax _____

Privacy Act Notice: DHS Authority to Collect This Information: The Homeland Security Act of 2002 [Public Law 107-296, §302(4)]. **Principal Purpose:** DHS collects name, organization and title (if any), email address, home and/or work address, and telephone numbers for the purpose of contacting individuals regarding the PREDICT project and/or their involvement with PREDICT. **Routine Uses and Sharing:** Some of your information will be disclosed to PREDICT team members, such as data hosts, data providers, PREDICT contractors, the PREDICT Coordination Center, the advisory board, and review board members to help us deliver requested PREDICT services and operate the PREDICT web site and deliver the services you have requested. Unless you consent otherwise, this information will not be used for any purpose other than those stated above. However, DHS may release this information of an individual on a case-by-case basis as described in the DHS/ALL-002 System of Records Notice (SORN), which can be found at: www.dhs.gov/privacy. **Disclosure:** Furnishing this information is entirely voluntary; however, failure to furnish at least the minimum information required to register (to include full name, email address,) will prevent you from obtaining authorization to access system.

PRA Burden Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1640-0012 and this form will expire on XX/XX/XXXX. The estimated average time to complete this form is 15 minutes per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.