



OMB No. xxxx-xxxx  
Expiration: Xxx 20XX

## DEFENSE THREAT REDUCTION AGENCY

### Nuclear Test Personnel Review Information Request and Release

#### SECTION I: PARTICIPANT PERSONAL DATA (please print)

1. Last Name		2. First Name		3. Middle Name		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
5. SSN		6. Branch of Service		7. Rank		8. Service Number	
9. Address _____				10. Telephone Home (____) _____			
City _____ State _____ Zip _____				Other (____) _____			
11. Date of Birth (mm/dd/yy)		12. Place of Birth		13. Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Date of Death (mm/dd/yy)	

#### SECTION II: PARTICIPATION DATA (please print)

15. Name(s) of Test Series / Occupation of Hiroshima or Nagasaki, Japan			
16. Test Location(s) or Occupation Area		17. Test or Occupation Date(s) (mm/dd/yy)	
18. Participating Unit Assigned During Test or Occupation			
19. Permanent Home Unit Assigned During Test or Occupation (to lowest level, e.g., company, squadron, if known)			
20. Remarks			

#### SECTION III: IDENTITY OF THE REQUESTER

21. Requester is (check one):	
<input type="checkbox"/> Participant identified in Section I, above	
<input type="checkbox"/> Next of kin, if participant is deceased (specify relationship) _____	
<input type="checkbox"/> Legal guardian (must submit copy of court appointment)	
<input type="checkbox"/> Other (specify relationship AND obtain signed authorization from participant per Authorization Statement below)	
Relationship: _____	

**If you have any questions regarding this form, please call the NTPR toll-free helpline:  
800-462-3683**

#### SECTION IV: SIGNATURE AND AUTHORIZATION

I certify under penalty of perjury under the laws of the United States of America that the information in Section III is true and correct. Violations of the provisions of the Privacy Act are enforceable through legal action, and criminal and civil penalties may apply. It is a crime to knowingly and willfully request or obtain records concerning an individual from a Government agency under false pretenses.

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

#### AUTHORIZATION STATEMENT

(Must be completed if requester is not the participant, next of kin of a deceased participant, or legal guardian)

Pursuant to the Privacy Act of 1974, I authorize the Defense Threat Reduction Agency to release information to:

\_\_\_\_\_  
(Print name of authorized individual)

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

#### SECTION V: PRIVACY ACT STATEMENT

**AUTHORITY:** 38 U.S.C. 1154 and 1112 (Veterans Benefits) assigns Defense Nuclear Agency (now Defense Threat Reduction Agency (DTRA)) as executive agent for the Nuclear Test Personnel Review Program and delineates Department of Veterans Affairs presumptive and non-presumptive radiogenic disease compensation. 42 U.S.C. 2210 describes the Department of Justice radiogenic disease compensation program that DTRA also supports.

**PRINCIPAL PURPOSES:** To certify the identity of the requesting party as a participant, verify participant information, obtain permission to release information to a third party, and/or serve as a record of disclosure. The information on this form is necessary to facilitate location of the correct record(s) or information. Additionally, this information may be used to provide participation and dose information, prepare histories of nuclear test programs, support scientific studies or medical follow-up programs, and provide data or documentation relevant to the processing of administrative claims or litigation. For use by Agency officials and employees, authorized contractors, and other DoD components.

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b) of the Privacy Act, to Department of Veterans Affairs, Department of Justice, Department of Labor, Department of Energy, Department of Health and Human Services, National Research Council, Veterans' Advisory Board on Dose Reconstruction and under the 'Blanket Routine Uses' published at the beginning of DTRA's compilation of systems of records notices.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information and authorization may delay or preclude DTRA from providing or releasing information.

#### SECTION VI: AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to be 15 minutes. If you have any questions regarding this form, **please call the NTPR toll-free helpline: (800-462-3683) for assistance**, email us at [ntpr@dtra.mil](mailto:ntpr@dtra.mil), or write us at: Defense Threat Reduction Agency, Attn: NTDN/NTPR, 8725 John J. Kingman Road, Stop 6201, Fort Belvoir, VA 22060-6201.