



### Participant Information Verification

OMB No.  
OMB approval expires

#### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 2192a, Science, Mathematics, and Research for Transformation (SMART) Defense Education Program; 5 U.S.C. 3304, Competitive service examinations; 20 U.S.C. 17, National Defense Education Program; and E.O. 9397 (SSN), as amended.

**PRINCIPLE PURPOSE(S):** To record contact information for SMART participants.

**ROUTINE USES:** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. To academic institutions for the purpose of providing progress reports for applicants and participants; to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act of 1966 (31 U.S.C. 3701(a)(3)). The purpose of this disclosure is to aid in the collection of outstanding debts owed to the Federal government, typically to provide an incentive for debtors to repay delinquent Federal government debts by making these debts part of their credit records; Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries Disclosure Routine Use, Disclosure When Requesting Information Routine Use, Disclosure of Requested Information Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Purposes Routine Use.

The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at:

<http://dpcl.dod.mil/Privacy/SORNSIndex/BlanketRoutineUses.aspx>

The applicable Privacy Act System of Records Notice is DUSDA 14, Science, Mathematics, and Research for Transformation (SMART) Information Management System, found at <http://dpcl.dod.mil/Privacy/SORNSIndex/DODwideSORNArticleView/tabid/6797/Article/570592/dusda-14.aspx>

**DISCLOSURE:** Voluntary; however, failure to provide the requested information could result in SMART participant not being compliant with SMART policy and subject to possible dismissal.

#### SECTION 1 – Contact Information Verification

**LAST:** \_\_\_\_\_ **Preferred Name (nickname):** \_\_\_\_\_  
**First:** \_\_\_\_\_  
**Middle:** \_\_\_\_\_

**Primary Phone Number:**  Home  Cell  Work

**Secondary Phone Number:**  Home  Cell  Work

**Alternate Phone Number:**  Home  Cell  Work

**Primary Email:**  Personal  Work

**Secondary Email:**  Personal  Work

**Academic State:**  
*State in which academic institution attended by participant is located.*

**Sponsoring Facility/Internship State:**  
*State in which participant will be completing SMART internship/sponsoring facility state.*

**Residence State:**  
*State in which participant claims permanent legal residency.*

**Primary Address:**  Permanent  School/Temporary

**Street Number and Name** \_\_\_\_\_  
**Apartment Number** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State and Zip Code** \_\_\_\_\_

**Secondary Address:**  Permanent  School/Temporary

**Street Number and Name** \_\_\_\_\_  
**Apartment Number** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State and Zip Code** \_\_\_\_\_



**SECTION 2 – SMART Scholarship Program Participant Contact List**

Yes, I would like to participant in the SMART Scholarship Program Participant (SSPP) Information Share. I allow my name and contact information to be accessible to all SSPPs via the SMART Portal for a period of one year.

No, I would not like to participant in the SMART Scholarship Program Participant (SSPP) Information Share via the SMART Portal. Please do not distribute my name and contact information.

a. NAME (Last, First, Middle Initial)

b. SIGNATURE

c. DATE SIGNED (MMDDYYYY)

**SECTION 3 – General Questions/Comments for Cohort Administrator**

Empty text box for general questions and comments.

**Agency Disclosure Notice**

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB Control Number: 0704-0466. Respondents should be aware that notwithstanding any other provisions of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.