

**SSN REDUCTION REVIEW**

DATE COMPLETED: 24 Jun 2016

Submission for (Check one):  FORM  IT SYSTEM

Form Number: NSTC 1533/158

Requiring Document: \_\_\_\_\_

Form Revision Date: 06/16

**SECTION 1**

**TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR.** Forms that collect and retrieve by SSN/PII must be covered by a System of Record Notice (SORN), be call for within a requiring document, and have Privacy Act Officer approval for Privacy Act Statements. Return completed packages that contain the SSN Reduction Review Form, Justification, and if need the DD 67 and the SSN Elimination Plan to the cognizant forms manager. If SECNAV/OPNAV/NAVSO send to DON Forms Manager OPNAV.DONFORMS.DNS51@navy.mil, If NAVMC forms send to the USMC Forms Manager, SMB.HQMC.ARDE@USMC.MIL

1. Is the form covered by a System of Record Notice (SORN)?  YES  NO
  - a. If yes, what is the SORN number? \_\_\_\_\_
  - b. If no, contact the Privacy Act Officer for instructions.
2. Does the form contain a Privacy Act Statement (PAS)?  YES  NO
  - a. If yes, has the PAS been approved by a Privacy Act Officer?  YES  NO
  - b. If no, contact the Privacy Act Officer for instructions.
3. Is the SSN Field needed?  YES  NO
  - a. If no, complete DD67 to request revision of the form.
4. Is this form electronic?  YES  NO
  - a. If yes, is the SSN field masked or truncated?  YES  NO
  - b. If no, could it be?  YES  NO
5. Is this form part of an IT system?  YES  NO
  - a. If yes, what is the IT System name and DITPR DON ID? \_\_\_\_\_
  - b. If yes, does the IT System mask or truncate the display of the SSN on the form?  YES  NO
  - c. If no, Could it be?  YES  NO
6. Is Justification Memorandum for the Record attached?  YES  NO
7. Could an alternative to the SSN be used?  YES  NO

**CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor**

Name, Code, Mailing Address

Naval Service Training Command 2601 A Paul Jones St. Great Lakes, IL 6008

Office Telephone Number:

847-688-7828

E-mail Address

michael.prelich@navy.mil

**SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER**

To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan.

1. Is Privacy Act Statement (PAS) correct?  YES  NO
2. If there is not a PAS, is one needed?  YES  NO
3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data)
4. Is the System of Records Notice (SORN) number cited in Section 1 correct?  YES  NO
5. Does a SORN need to be initiated?  YES  NO  
*(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)*
6. Is use of SSN Justification Form complete and approved?  YES  NO

APPROVED

John J. Matuszak

DISAPPROVED

Privacy Act Officer Printed Name



Privacy Act Officer Signature

24 Jun 2016

Date

**SECTION 3 - COMMAND FORMS MANAGER**

APPROVED

DISAPPROVED

Forms Manager Printed Name

Forms Manager Approval Signature

Date

**NOTES:**

- (1) If Disapproved, sponsor/originator will need to provide a plan to include milestones and timeline of the elimination of the SSN usage.
- (2) SSN Reduction Packages for forms will be kept by the cognizant form manager in the forms's history/case file.
- (3) SSN Reduction Packages for IT Systems will be kept by the cognizant CIO office.

24 JUNE 2016

MEMORANDUM FOR THE RECORD

Subj: JUSTIFICATION FOR THE USE OF SOCIAL SECURITY NUMBER FOR NSTC FORM 1533/158

1. The selection of individuals to be awarded a ROTC scholarship program is highly competitive. To determine the eligibility of each applicant, NSTC collections information from applicants to determine their eligibility.
2. The collection of the social security on the subject form is necessary to assure that the information presented by each applicant is correctly filed with the applicant's file as there are often applicant's with the same or similar names.



John J. Matuszak  
Privacy Act Coordinator  
By Direction

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Name, Code, Mailing Address

Naval Service Training Command 2601 A Paul Jones St. Great Lakes, IL 6008

Office Telephone Number:

847-688-7828

E-mail Address

michael.prelich@navy.mil

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APPROVED

John J. Matuszak

DISAPPROVED

Privacy Act Officer Printed Name

 Privacy Act Officer Signature

24 Jun 2016

Date

**SECTION 3 - COMMAND FORMS MANAGER**

APPROVED

DISAPPROVED

Forms Manager Printed Name

Forms Manager Approval Signature

Date:

**NOTES:**

- (1) If Disapproved, sponsor/originator will need to provide a plan to include milestones and timeline of the elimination of the SSN usage.
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24 JUNE 2016

MEMORANDUM FOR THE RECORD

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John J. Matuszak  
Privacy Act Coordinator  
By Direction

**SSN REDUCTION REVIEW**

DATE COMPLETED: 24 Jun 2016

Submission for (Check one):  FORM  IT SYSTEM

Form Number: NSTC 1533/102

Requiring Document: \_\_\_\_\_

Form Revision Date: 06/16

SECTION 1

**TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR.** Forms that collect and retrieve by SSN/PII must be covered by a System of Record Notice (SORN), be call for within a requiring document, and have Privacy Act Officer approval for Privacy Act Statements. Return completed packages that contain the SSN Reduction Review Form, Justification, and if need the DD 67 and the SSN Elimination Plan to the cognizant forms manager. If SECNAV/OPNAV/NAVSO send to DON Forms Manager OPNAV.DONFORMS.DNS51@navy.mil, If NAVMC forms send to the USMC Forms Manager, SMB.HQMC.ARDE@USMC.MIL

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  - c. If no, Could it be?  YES  NO
6. Is Justification Memorandum for the Record attached?  YES  NO
7. Could an alternative to the SSN be used?  YES  NO


CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor

Name, Code, Mailing Address <u>Naval Service Training Command 2601 A Paul Jones St. Great Lakes, IL 6008</u>	Office Telephone Number: <u>847-688-7828</u>
	E-mail Address <u>michael.prelich@navy.mil</u>

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*(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)*
6. Is use of SSN Justification Form complete and approved?  YES  NO

<input checked="" type="checkbox"/> APPROVED	<u>John J. Matuszak</u>		<u>24 Jun 2016</u>
<input type="checkbox"/> DISAPPROVED	Privacy Act Officer Printed Name	Privacy Act Officer Signature	Date

SECTION 3 - COMMAND FORMS MANAGER

<input type="checkbox"/> APPROVED			
<input type="checkbox"/> DISAPPROVED	Forms Manager Printed Name	Forms Manager Approval Signature	Date

NOTES:

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24 JUNE 2016

MEMORANDUM FOR THE RECORD

Subj: JUSTIFICATION FOR THE USE OF SOCIAL SECURITY NUMBER FOR NSTC FORM 1533/102

1. The selection of individuals to be awarded a ROTC scholarship program is highly competitive. To determine the eligibility of each applicant, NSTC collections information from applicants to determine their eligibility.
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Privacy Act Coordinator  
By Direction

**SSN REDUCTION REVIEW**

DATE COMPLETED: 24 Jun 2016

Submission for (Check one):  FORM  IT SYSTEM

Form Number: NSTC 1533/155

Requiring Document: \_\_\_\_\_

Form Revision Date: 06/16

**SECTION 1**

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Name, Code, Mailing Address Naval Service Training Command 2601 A Paul Jones St. Great Lakes, IL 6008	Office Telephone Number: 847-688-7828
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(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)  YES  NO
6. Is use of SSN Justification Form complete and approved?  YES  NO

APPROVED  DISAPPROVED

John J. Matuszak \_\_\_\_\_ 24 Jun 2016

Privacy Act Officer Printed Name Privacy Act Officer Signature Date

**SECTION 3 - COMMAND FORMS MANAGER**

APPROVED  DISAPPROVED

\_\_\_\_\_  
Forms Manager Printed Name Forms Manager Approval Signature Date:

**NOTES:**

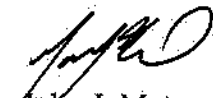
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24 JUNE 2016

MEMORANDUM FOR THE RECORD

Subj: JUSTIFICATION FOR THE USE OF SOCIAL SECURITY NUMBER FOR NSTC  
FORM 1533/155

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