SSN REDUCTION REV	DATE CON	MPLETED: 7	4 Jun 2016		
Submission for (Check one): SFORM TTSY	STEM	<u></u>	4 Jun 2010		
Form Number: NSTC 1533/158 Requir	ing Document:				
Form Revision Date: 06/16	· 		<u>.:</u>		
SECTION 1					
TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Forms that collect and retr	eve by SSN/PII must be covered	d by a Syste	em of Record		
Notice (SORN), be call for within a requiring document, and have Privacy Act Office	approval for Privacy Act States	mente Pet	urn		
completed packages that contain the SSN Reduction Review Form, Justification, an cognizant forms manager. If SECNAV/OPNAV/NAVSO send to DON Forms Manager	o it need the DD 67 and the SSM OPNAV. DONFORMS.DNS51@	l Eliminatio Inavv.mil.	n Plan to the		
If NAVMC forms send to the USMC Forms Manager, SMB.HQMC.ARDE@USMC.MIL		,;			
Is the form covered by a System of Record Notice (SORN)? a. If yes, what is the SORN number?		X YES	□ NO		
b. If no, contact the Privacy Act Officer for instructions.					
Does the form contain a Privacy Act Statement (PAS)?		X YES	MO 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	□ ио		
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? 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?		YES	⊠ NO		
b. If yes, does the IT System mask or truncate the display of the SSN on the form	12	☐ YES	NO		
c. If no, Could it be?		T 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 For	m Originator/Sponsor				
Name, Code, Mailing Address	Office Telephone Number:				
Naval Service Training Command 2601 A Paul Jones St. Great Lakes, IL 6008	847-688-7828				
	E-mail Address				
	michael.prelich@navy.mil				
SECTION 2 TO BE COMPLETED BY PRIVACY					
To verify information given in Section 1 is accurate, is in compliance with Privacy A SSN Reduction Plan.	ct Regulations, and meets requ	rements of	the		
1. Is Privacy Act Statement (PAS) correct?		X YES	NO:		
2. If there is not a PAS, is one needed?		— ☐ Y€S	TT NO		
3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with	the Original Set Office to don't a DAC A				
to fil typed data))	ne Privacy Act Oncer to drait a PAS il	necaea) (riei	ia wiii expana		
4. Is the System of Records Notice (SORN) number cited in Section 1 correct?		⊠ YES	□ NO		
5. Does a SORN need to be initiated? (Determination of need for SORN will be worked between the originator/owner ofform/IT system and C	omniand Privacy Act Office)	☐ YES	□ÑÓ		
6. Is use of SSN Justification Form complete and approved?	:	✓ YES	□ NO		
☑ APPROVED: John J. Matuszak		9/1/10	in 2016		
10110	t Officer Signature		ate		
SECTION 3 - COMMAND FORMS MANAGER					
☐ APPROVED					
□ DISAPPROVED Forms Manager Printed Name Forms Manager	er Approval Signature	Đr			
NOTES:	The state of the s				
(1) If Disapproved, sponsorioriginator will need to provide a plan to include milestones and timeli (2) SSN Reduction Packages for forms will be kept by the cognizant form manager in the forms's (3) SSN Reduction Packages for IT Systems will be kept by the cognizant ClO office.	ne of the elimination of the SSN usa history/case file.	ge.			

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

SSN	REDUCTION REV	TAILU	COMPLETED: 2	24 Inn 2016
Submission for (Check one):	FORM III SY	STEM	_	24 20H 2010
Form Number: NSTC 1533/156	Requiri	ng Document:		
Form Revision Date: 06/16		***************************************		
	SECTION 1			
TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. For Notice (SORN), be call for within a requiring document, and completed packages that contain the SSN Reduction Reviet cognizant forms manager. If SECNAV/OPNAV/NAVSO send if NAVMC forms send to the USMC Forms Manager, SMB.	orms that collect and retri I have Privacy Act Officer w Form, Justification, and I to DON Forms Manager	approval for Privacy Act St	atements. Ret SSN Eliminatio	turn
Is the form covered by a System of Record Notice (SORN)? a. If yes, what is the SORN number?			✓ YES	□ио
b. If no, contact the Privacy Act Officer for instructions	i,·			
2. Does the form contain a Privacy Act Statement (PAS)?			YES	□ NO
a. If yes, has the PAS been approved by a Privacy Ac			YES	□ NO
b. If no, contact the Privacy Act Officer for instructions3. Is the SSN Field needed?	7		⊠ YES	□ NO
a. If no, complete DD67 to request revision of the form	1.		₩ 1c2.	[] 14O
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? a. If yes, what is the IT System name and DITPR DON	LIDA		☐ YES	⊠ NO
b. If yes, does the IT System mask or truncate the disp			CT ACC	
c. If no, Could it be?	ady of the SON OF the TOTAL	if	☐ 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	l - IT System Owner or For	m Originator/Sponsor		
Name, Code, Mailing Address	مدغد سد. و د سد.	Office Telephone Number:		
Naval Service Training Command 2601 A Paul Jones St	t. Great Lakes, IL 6008	847-688-7828		
		E-mail Address	,,,,,	
		michael.prelich@navy.mi	4	
	COMPLETED BY PRIVACY			
To verify information given in Section 1 is accurate, is in co SSN Reduction Plan.	ompliance with Privacy A	ct Regulations, and meets re	equirements of	f the
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.o.	f form/IT system will work with a	the Privacy Act Officer to draft a Pi	AS if needed) (Fig	eld will expand
to fit typed data))				
4. Is the System of Records Notice (SORN) number cited in Sec	tion 1 correct?		✓ YES	□ NO
5. Does a SORN need to be initiated? (Determination of need for SORN will be worked between the originatorion)	vner of form/IT system and 0	ommand Privacy Act Office)	☐ YES	□ NO
6. Is use of SSN Justification Form complete and approved?	/		⊠ YES	□ NO
	11190		24 Su.	no 2016
DISAPPROVED Privacy Act Officer Printed Name	Privacy Ac	t Officer Signature		Date
SECTION 3	COMMAND FORMS MAN	IAGER		
☐ APPROVED				
☐ DISAPPROVED Forms Manager Printed Name	Forms Manag	er Approval Signature	D	Date:
NOTES:				<u> </u>
(1) If Disapproved, sponsor/originator will need to provide a plan to li (2) SSN Reduction Packages for forms will be kept by the cognizant ((3) SSN Reduction Packages for IT Systems will be kept by the cogni	form manager in the forms's		usage.	

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Subj: JUSTIFICATION FOR THE USE OF SOCIAL SECURITY NUMBER FOR NSTC FORM 1533/156

- 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

SSN REDUCTION		DATE COMPLETED: 24 Jun 2016		
Submission for (Check one):] IT SYSTEM	27 July 2010		
Form Number: NSTC 1533/102	Requiring Document:			
Form Revision Date: 06/16				
SECTION 1				
TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Forms that collect a	ind 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, Justifical cognizant forms manager. If SECNAV/OPNAV/NAVSO send to DON Forms M	lanager OPNAV, DONFORMS	id the SSN Elimination Plan to the S DNS51@navv.mil.		
If NAVMC forms send to the USMC Forms Manager, SMB.HQMC.ARDE@USI	AC.MIL	2014-10-10-1-1		
Is the form covered by a System of Record Notice (SORN)? a. If yes, what is the SORN number?		X YES. NO		
b. If no, contact the Privacy Act Officer for instructions. Does the form contain a Privacy Act Statement (PAS)?		™ VEC □ NO		
a. If yes, has the PAS been approved by a Privacy Act Officer?		⊠ YES □ NO □ YES □ NO		
b. If no, contact the Privacy Act Officer for instructions.		☐ YES ☐ NO		
3. Is the SSN Field needed?		☑ YES ☐ NO		
a. If no, complete DD67 to request revision of the form:		E2 .20		
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		
Is Justification Memorandum for the Record attached? Could an alternative to the SSN be used?		∑ YES ☐ NO		
CONTACT INFORMATION - IT System Owner	Oniminator/Decomp	☐ YES 🔀 NO		
Name, Code, Mailing Address				
Naval Service Training Command 2601 A Paul Jones St. Great Lakes, II	Office Telephone Nur	mber:		
- in the same para remained and annual services and action was distant minimal re	647-066-7626			
	E-mail Address			
	michael prelich@na	avy.mil		
SECTION 2 TO BE COMPLETED BY P				
To verify information given in Section 1 is accurate, is in compliance with Pr SSN Reduction Plan.	ivacy Act Regulations, and m	neets requirements of the		
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 or form/IT system will w	todowith the Drivery Set Officer in	-		
to fit typed data))	OIK WITH THE PRIVACY ACT OFFICER TO D	жат а PAS іг пеедеа) (глека чил ехрапа		
4. Is the System of Records Notice (SORN) number cited in Section 1 correct?		XES .NO		
5. Does a SORN need to be initiated?		☐ YES ☐ NO		
(Determination of need for SORN will be worked between the originator/owner ofform/fT system.)	em and Command Privacy Act Offic	;e)		
6. Is use of SSN Justification Form complete and approved?		YES NO		
	19111	24 Sun 2016		
DISAPPROVED Privacy Act Officer Printed Name	ivacy Agr Officer Signature	Date		
SECTION 3 - COMMAND FORMS MANAGER				
APPROVED	NO IN HATOLIA			
Torrio metager mineral maneral	s Manager Approval Signature	Date;		
NOTES: (1) If Disapproyed, sponsor/originator will need to provide a plan to include mijestones a	mal kimantina astina aliminakisia asti	the EGN venice		
(2) SSN Reduction Packages for forms will be kept by the cognizant form manager in the (3) SSN Reduction Packages for it Systems will be kept by the cognizant CiO office.	forms's history/case file.	nje Jan usage.		

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.
- 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

SSN REDUCTION REVIEW D		DATE:	DATE COMPLETED: 24 Jun 2016		
Submission for (Check one):	⊠FORM ∏IT SY	STEM"	=		
Form Number: NSTC 1533/155	Requiri	ng Document:			
Form Revision Date: 06/16					
	SECTION 1				
TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Fo	rms that collect and retri	eve by SSN/PII must be cov	ered by a Syst	em of Record	
Notice (SORN), be call for within a requiring document, and	have Privacy Act Officer	approval for Privacy Act S	tatements. Ref	um	
completed packages that contain the SSN Reduction Revier cognizant forms manager. If SECNAV/OPNAV/NAVSO send	w Form, Justification, and I to DON Forms Manager	I IT need the DU 67 and the OPNAY. DONFORMS ONS	SSN Eliminatio 51@navv.mil.	on Plan to the	
If NAVMC forms send to the USMC Forms Manager, SMB.H	QMC.ARDE@USMC.MIL				
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					
Does the form contain a Privacy Act Statement (PAS)? a. If yes, has the PAS been approved by a Privacy Act	Officero		∑ YES	□ NO	
b. If no, contact the Privacy Act Officer for instructions,			YES	□ NO	
3. Is the SSN Field needed?	•		⊠ YES	□ NO	
a. If no, complete DD67 to request revision of the form			K 1ES	□1 IAO	
4. Is this form electronic?	•		☐ YES	⊠ NO	
a. If yes, is the SSN field masked or fruncated?			☐ 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 	HD?		<u> </u>	—	
b. If yes, does the IT System mask or truncate the disp	lay of the SSN on the form	3	☐ YES	NO	
c. If no, Could it be?			YES	☐ NO	
Is Justification Memorandum for the Record attached?				☐ NO	
7. Could an alternative to the SSN be used?			☐ YES	⋈ NC	
CONTACT INFORMATION	I - IT System Owner or For	m Originator/Sponsor			
Name, Code, Mailing Address Office Tele		Office Telephone Number:			
Naval Service Training Command 2601 A Paul Jones St	: Great Lakes, IL-6008	847-688-7828			
		E-mail Address			
		michael.prelich@navy.m	iil		
SECTION 2 TO BE C	COMPLETED BY PRIVACY	ACT OFFICER			
To verify information given in Section 1 is accurate, is in co SSN Reduction Plan.	ompliance with Privacy A	ct Regulations, and meets	equirements o	f the	
Is Privacy Act Statement (PAS) correct?			⊠ YES	□ NO	
2. If there is not a PAS, is one needed?					
	ranna anna anna anna anna anna anna		☐ 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?			□ NO		
5. Does a SORN need to be initiated?		☐ YES	□ NO		
(Determination of need for SORN will be worked between the originator/ov	vner of form/IT system and C	emmand Privacy Act Office)			
6. Is use of SSN Justification Form complete and approved?			⊠ YES	□ NO	
☑ APPROVED John J. Matuszak	1 19110	2	20 -	. 2016	
DISAPPROVED Privacy Act Officer Printed Name	Privacy Ac	t Officer Signature	_ <u>07 _0</u>	Date	
SECTION 3 - COMMAND FORMS MANAGER					
☐ APPROVED					
	Faunt Marie	or Americal Cincilla			
	Forms Manag	er Approval Signature	D)ate:	
NOTES; [1] If Disapproved, sponsor/originator will need to provide a plan to include milestones and timeline of the elimination of the SSN usage:					
(1) in Disapproved, Sponsorongmator win need to provide a plan to include milestones and linterine of the elimination of the SSN asage. (2) SSN Reduction Packages for IT Systems 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.					

SEGNAV 5213/1 (Jul 2010) Page 1 of 2

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

- 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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∕John J. Matuszak Privacy Act Coordinator

By Direction