SECNAV RCS 5213/1 (Effective 11/1/2016 through 11/31/2019) GENADMIN DON CIO WASHINGTON DC 192101Z REV 10/2016

SSN REDUCTION REVIEW					
EMAIL		DATE COMP	PLETED: 20 N	Nov 2019	
SUBMIT	Submission for (Check one): FORM IT SYSTEM	SHARE DRIVE / WEB PORTAL			
Form Number: NSTC 1533/102 Requiring Document:					
Form Revision Date: 11/2019					
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 to the cognizant forms manager.					
1. Is the form covered by	y a System of Record Notice (SORN)?		X YES	NO	
a. If yes, what is the SORN number? N01131-1					
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? 					
a. If no, complete DD67 to request revision of the form.			🛛 YES	∐ NO	
4. Could an alternative to the SSN be used?			☐ YES	NO	
a. If yes, complete DD67 to request revision of the form.					
5. Is this form electronic?			☐ YES	NO NO	
a. If yes, is the SSN field masked or truncated?			VES		
b. If no, could it be?			YES	NO	
6. 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	
7. Is Justification Memorandum for the Record attached?			YES	NO NO	
CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor					
		Office Telephone Number:			
Naval Service Training Command(847) 688-3400 ext 1072601 A Paul Jones St		(847) 688-3400 ext 107			
Great Lakes, IL 60088					
david.a.tejeda1@navy.mi					
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?			X YES	□ NO	
5. Does a SORN need to be initiated? (Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)			U YES	□ NO	
6. Is use of SSN Justification Form complete and approved?			X YES	□ NO	
		A at Officer Circuit			
		Act Officer Signature		Date	
SECTION 3 - COMMAND FORMS MANAGER					
	LT DAVID A. TEJEDA, USN		05 D	ec 2019	
	Forms Manager Printed Name Forms Mana	Forms Manager Approval Signature		Date:	

NOTES:

- (1) For IT systems / applications, this completed SECNAV 5213/1 will be posted in the DOC tab of DITPR DON / DADMS respectively.
 (2) For forms, post the date this SECNAV 5213/1 is approved in Naval Forms Online <u>https://navalforms.documentservices.dla.mil/web/public/home.</u> and maintain the SECNAV 5213/1 in the form's history/case file.
 (3) Approved share drive / web portal forms will be maintained locally by the share drive / web portal owner.

SSN USE REVIEW AND JUSTIFICATION FOR FORMS

20 Nov 2019

Date

MEMORANDUM FOR THE RECORD Subj: JUSTIFICATION FOR THE USE OF THE SOCIAL SECURITY NUMBER (SSN)

1. What is the purpose of this form?

The purpose of this form is to have the NROTC applicant state he/she is not debarred from receiving federal funds.

2. Why is collection of the SSN necessary?

The collection of the social security number 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 applicants with the same or similar names.

List the acceptable use criteria for the SSN (found at this link: <u>http://www.doncio.navy.mil/ContentView.aspx?ID=1833</u>)
 Other cases- to avoid misfiling information as a result of the same or similar names.

4. If collection of the SSN is no longer necessary and a unique identifier can be substituted for the SSN or the SSN can be eliminated, on what date will either the substitution or elimination occur?

Not applicable

Commanding Officer

Command/Activity