

## SSN REDUCTION REVIEW

DATE COMPLETED: 20 Nov 2019

EMAIL  
SUBMIT

Submission for (Check one):  FORM  IT SYSTEM  SHARE DRIVE / WEB PORTAL

Form Number: NSTC 1533/155

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 a System of Record Notice (SORN)?  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?  YES  NO
  - a. If no, complete DD67 to request revision of the form.
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
  - a. If yes, is the SSN field masked or truncated?  YES  NO
  - 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

### 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 60088	Office Telephone Number: (847) 688-3400 ext 107 <hr/> E-mail Address david.a.tejeda1@navy.mil
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### 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  
 DISAPPROVED

Privacy Act Officer Printed Name	Privacy Act Officer Signature	Date

### SECTION 3 - COMMAND FORMS MANAGER

<input checked="" type="checkbox"/> APPROVED	LT DAVID A. TEJEDA, USN	05 Dec 2019
<input type="checkbox"/> DISAPPROVED		
	Forms Manager Printed Name	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 <https://navalforms.documentservices.dla.mil/web/public/home>. 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 obtain the NROTC scholarship applicant's transcripts.

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.

3. List the acceptable use criteria for the SSN (found at this link: <http://www.doncio.navy.mil/ContentView.aspx?ID=1833>)

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