

SSN REDUCTION REVIEW

EMAIL
SUBMIT

DATE COMPLETED: _____

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

Form Number: DRAFT OPNAV 5510/423

Requiring Document: OPNAVINST 5510.165B

Form Revision Date: _____

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? DUSDI 01-March 22, 2019; 84 FR 10803
 - 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 OPNAV N2N6 2000 Navy Pentagon Washington, DC 20350	Office Telephone Number: 703-601-1196 <hr/> E-mail Address Jordan.p.Hersch.civ@us.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

<input checked="" type="checkbox"/> APPROVED	<u>Mr. Richard Strong</u>		<u>03 Apr 2023</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:

- (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

12 Oct 2022

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 collect information both regarding concerning behavior that could lead to an insider threat incident, as well as information regarding the subject of the alleged in the form.

2. Why is collection of the SSN necessary?

Collection of the SSN is necessary in order to validate the subject listed in the form. Without a SSN it would be difficult or impossible in some cases to validate that the person alleged in the form is the correct person. At times alerts received have similar names, or names that are common and thus it becomes impossible to ascertain if a "John Doe" is the correct "John Doe". Additionally the SSN is used to validate an individual's security clearance.

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

Law Enforcement, National Security and Credentialing: Almost every law enforcement application must be able to report and track individuals through the use of the SSN. This includes, but is not limited to, checks of the National Crime Information Center, state criminal histories and Federal Bureau of Investigation records checks.

Security Clearance Investigation or Verification: The initiation, conduct or verification of security clearances requires the use of the SSN. The SSN is the single identifier that links all the aspects of these investigations. This use case is also linked to other Federal agencies that continue to use the SSN as a primary identifier.

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?

At a time no later than 90 days after which the SSN is no longer required.

Commanding Officer

Command/Activity