Request to Unlock Form Fields to be completed by member

Form Section	Field Label
Request to Unlock Form	Explanation
Request to Unlock Form	Approved By First Name
Request to Unlock Form	Last Name
Request to Unlock Form	Other Explanation

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

PUBLIC BURDEN STATEMENT:

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The private, non-profit Organ Procurement and Transplantation Network (OPTN) c
the following OPTN functions: to assess whether applicants meet OPTN Bylaw requ
to monitor compliance of member organizations with OPTN Obligations. An agenc
is not required to respond to, a collection of information unless it displays a curren
control number for this information collection is 0915-0157 and it is valid until XX/
required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected
(Privacy Act System of Records #09-15-0055). Data collected by the private non-pri
number of the Contractor's security features. The Contractor's security system me
prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems Security Program Handbook. The public reporting
estimated to average 0.27 hours per response, including the time for reviewing ins
and completing and reviewing the collection of information. Send comments regar
aspect of this collection of information, including suggestions for reducing this bure
Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Notes	

ollects this information in order to perform airements for membership in the OPTN; and y may not conduct or sponsor, and a person thy valid OMB control number. The OMB XX/202X. This information collection is vill be subject to Privacy Act protection ofit OPTN also are well protected by a ets or exceeds the requirements as ormation Systems, and the Departments; burden for this collection of information is tructions, searching existing data sources, ding this burden estimate or any other den, to HRSA Reports Clearance Officer, 5600