### Comments on DS-3072

#### Box 94 Title:

#### 94. Authorization for Release of Information Under the Privacy Act

## **Change to:**

## 94. Written Consent to Release of Information Under the Privacy Act

#### **Box**

## **Currently reads:**

The Privacy Act written consent is optional and will not affect the Department of State's processing of your loan application.

I voluntarily consent to the Department of State, including U.S. diplomatic and consular missions, providing information about me and persons listed to:

I authorize the Department of State, including U.S. diplomatic and consular missions, to release information about me and persons listed to:

(Please place a check in the following boxes for the people to whom you authorize information to be released.) [box] family [box] friends [box] individual members of congress, [box] member s of the press, and [box] the general public.

### **Change to:**

The Privacy Act written consent is optional and will not affect the Department of State's processing of your loan application.

I voluntarily consent to the Department of State, including U.S. diplomatic and consular missions, providing information about me and persons listed to:

(Please place a check in the following boxes for the people to whom you authorize information to be released.) [box] family [box] friends [box] individual members of congress, [box] members of the press, and [box] the general public.

#### **Item 97**

#### **Currently reads:**

I authorize the Department of State to provide information to the U.S. Department of Health and Human Services (HHS) (Repatriation Program) and/or its partners and grantees with information to assist in my/our resettlement if needed.

### Change to:

I voluntarily consent to the Department of State providing information to the U.S. Department of Health and Human Services (HHS) (Repatriation Program) and/or its partners and grantees with information to assist in my/our resettlement if needed.

95 Signature and 98 Signature: delete "Electronic"

Add: Retyping your name in this box using a digital device is as acceptable as signing with pen and paper.

SBU -

# Comments on the Privacy Act and Paperwork Reduction Act Statement (bottom of page 3):

#### **Currently Reads:**

### PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. §§ 2670, 2671 and E.O. 9397, as amended.

PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens receiving repatriation/emergency medical and dietary assistance in foreign countries.

ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing repatriation/emergency medical and dietary assistance documentation and related services, law enforcement and administrative purposes. More information on the Routine Uses for the system can be found in System of Records Notice, State-05, Overseas Citizens Services Records and the Prefatory Statement of Routine Uses published in the Federal Register.

DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.

### PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, 10<sup>th</sup> Floor, SA 17, U.S. Department of State, Washington, DC 20522-1710.

### Change to:

### PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. §§ 2670, 2671, 31 USC 3711 through 31 USC 3720, 22 CFR Part 71, and E.O. 9397, as amended.

PURPOSE: The principal purpose of the information gathered is to allow U.S. citizens and non-U.S. citizens to apply for repatriation/emergency medical and dietary assistance in foreign countries, to document when such assistance is approved, and to facilitate debt collection.

ROUTINE USES: The information solicited on this form may be shared with other U.S. or foreign government agencies, consistent with the purposes here described and for other purposes. More information on the Routine Uses for the system can be found in System of Records Notice, State-05, Overseas Citizens Services Records and the Prefatory Statement of Routine Uses.

DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

SBU -LEGA Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/MSU, 10<sup>th</sup> Floor, SA 17, U.S. Department of State, Washington, DC 20522-1710.