



Request for Authorization to Give Assurance of Confidentiality

Control No:

UNDER SECTION 308(d) OF THE PUBLIC HEALTH SERVICE ACT

NOTE: Do not obtain signature on this form until OS and the Project Officer have agreed on final versions of the 308(d) Justification, Assurance, and Security Statement.

1. REQUESTED BY:

Name of Project Officer/Principal Investigator:		Bldg:	Rm No.:	MailStop:	Phone No.:
Center/Institute/Office:		Division:			
Request Status: New Amended Request Extension Request		Period of time authorization needed for data collection: (For OS use only)			
		From:		To:	

2. TITLE OF PROJECT:

3. JUSTIFICATION STATEMENT

Please attach the justification statement. (See "Assurance of Confidentiality Application Procedure" for further details.)

4. APPROVAL OF REQUEST BY CENTER/INSTITUTE/OFFICE DIRECTOR OR DESIGNEE:

Name and Organizational Title:

Signature: _____ Date: _____

5. FOR OS USE ONLY:

Transmitted to Confidentiality Review Group Date: _____	Confidentiality Review Group recommends: Approval Disapproval Date: _____
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PCU Review Only:

Signature: _____ Date: _____

ASSURANCE OF CONFIDENTIALITY IS AUTHORIZED

Signature: _____ Date: _____

DIRECTOR, OFFICE OF SCIENCE OR
DEPUTY DIRECTOR OF SCIENCE