

INFORMATION COLLECTION REQUEST COORDINATION SUMMARY SHEET

1. OMB CONTROL NO. <i>(or placeholder)</i>	2. TITLE	3. COMPONENT		
4. ACTION OFFICER				
a. NAME		b. PHONE NUMBER		c. E-MAIL ADDRESS
5. INFORMATION MANAGEMENT CONTROL OFFICER				
a. NAME		b. PHONE NUMBER		c. E-MAIL ADDRESS
d. SIGNATURE				e. DATE (YYYYMMDD)
6. COORDINATION				
a. COORDINATOR	b. COORDINATION REQUIRED (Yes/No)	c. COORDINATOR REMARKS	d. COORDINATOR SIGNATURE	e. DATE (YYYYMMDD)
COMPONENT PRIVACY OFFICER (SORN, PAS, PAA, SSN Justification/Plan)				
DOD COMPONENT FEDERAL RECORDS OFFICER (Records Schedule/ Disposition) https://www.archives.gov/records-mgmt/agency/departments/defense.html				
COMPONENT CIO (PIA/Data Security)				
OPA (Surveys - Methodology & Scientific Review) dodhra.mc-alex.dpac.mbx.dod-survey-review@mail.mil				
HRPP OFFICIAL/INSTITUTIONAL REVIEW BOARD (Research)				
FORMS MANAGER (Forms Assessment)				
GENERAL COUNSEL (For Incentive/Gifts)				
RDD (For DD Forms Only)				
Air Force Survey Office (complete before OPA for surveys to AF personnel) afpc.dsys.af.surveyoffice@us.af.mil				
7. ADDITIONAL REMARKS				