

Request for Approval of Information Management Requirement

For use of this form, see AR 25-98; the proponent is CIO.

1. DATE OF REQUEST:		2. TYPE OF REQUEST:	
3. PRESCRIBING DIRECTIVE <i>(Number and Title):</i>			
4. TITLE OF INFORMATION REQUIREMENT:			
5. EXISTING RCS NUMBER <i>(If Applicable):</i>		6. FREQUENCY OF REQUIREMENT:	
7. FORM NUMBER(S) <i>(Number and Title):</i>			
8. JUSTIFICATION <i>(The need to collect information or cancel an existing collection):</i>			
9. ACTION OFFICER: <i>The Action Officer must be from the organization with a requirement to collect information Army-wide.</i>			
a. NAME:		b. ORGANIZATION:	
c. EMAIL:		d. PHONE:	
10. IMCO WITH JURISDICTION: <i>IAW AR 25-98, IMCOs with jurisdiction must recommend approval of all RCS requests.</i>			
a. NAME:		b. ORGANIZATION:	
c. EMAIL:		d. PHONE:	
e. CONCUR <input type="checkbox"/>	NON - CONCUR <input type="checkbox"/>	f. SIGNATURE:	g. DATE:
11. COORDINATION: <i>IAW AR 25-98, all requests for an RCS must be reviewed by the requesting organization's Record Administrator and Privacy Officer at the ACOM, ASCC, or DRU level. If the IMCO with jurisdiction serves dual roles only one signature is required.</i>			
a. RECORDS ADMINISTRATOR:		b. SIGNATURE:	
c. PRIVACY OFFICER:		d. SIGNATURE:	
12. APPROVAL OF REQUEST: <i>The request for an RCS must be approved by a COL/O6 or Civilian equivalent within the office of the IMCO with jurisdiction.</i>			
a. NAME:		b. GRADE/RANK:	
c. OFFICIAL TITLE:		d. CONCUR <input type="checkbox"/> NON - CONCUR <input type="checkbox"/>	
e. SIGNATURE:		f. DATE:	
13. DA IMCO <i>(This section is for use of the DA IMCO only)</i>			
a. RCS APPROVED BY:		b. DATE APPROVED :	
c. ASSIGNED RCS:		d. RCS EXPIRATION DATE:	

Instructions for completing the DA Form 25-98

1. **DATE OF REQUEST:** Enter the date of request.
2. **TYPE OF REQUEST:** Enter the type of request. Options include new, reinstatement, revision, extension, and cancellation.
3. **PRESCRIBING DIRECTIVE:** Enter the number, title, and paragraph of the prescribing directive which includes the requirement to collect information Army-wide.
For example: "AR 25-1, Information Technology, paragraph 5-5."
4. **TITLE OF INFORMATION COLLECTION:** Enter the PROPOSED title of the information collection.
5. **EXISTING RCS NUMBER:** Leave blank for new collections with no RCS number.
6. **FREQUENCY OF REQUIREMENT:** Enter how often the information will be collected.
For example: "annually."
7. **FORM NUMBER(s):** Applicable if the instrument is a form (or forms).
8. **JUSTIFICATION:** Describe the requirement to collect the data Armywide including the process and impact of the results.
9. **ACTION OFFICER (AO):** The AO is the person (or designee) of the requesting organization.
10. **IMCO WITH JURISDICTION:** The IMCO with jurisdiction is the appointed IMCO for the ACOM, ASSCC, or DRU.
11. **COORDINATION:** In accordance with AR 25-98, all request for an RCS must be reviewed by the Records Administrator and Privacy Office at the ACOM, ASSCC, or DRU.
12. **APPROVAL OF REQUEST:** Requests must be approved by a COL/O6.
13. **DA IMCO:** Leave Blank. This section is for HQDA only.