

### INFORMATION COLLECTION REQUEST COORDINATION SUMMARY SHEET

<b>1. OMB CONTROL NO.</b> <i>(or placeholder)</i>	<b>2. TITLE</b>	<b>3. COMPONENT</b>
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<b>4. ACTION OFFICER</b>		
<b>a. NAME</b>	<b>b. PHONE NUMBER</b>	<b>c. E-MAIL ADDRESS</b>

<b>5. PRA LIAISON</b>		
<b>a. NAME</b>	<b>b. PHONE NUMBER</b>	<b>c. E-MAIL ADDRESS</b>
<b>d. SIGNATURE</b>		<b>e. DATE (YYYYMMDD)</b>

<b>6. COORDINATION</b>				
a. COORDINATOR	b. COORDINATION REQUIRED (Yes/No)	c. COORDINATOR REMARKS	d. COORDINATOR SIGNATURE	e. DATE (YYYYMMDD)
<b>PRIVACY OFFICER</b> <i>(SORN, PAS, PAA, SSN Justification/Plan)</i>				
<b>RECORDS MANAGER/ RECORDS ADMINISTRATOR</b> <i>(Records Schedule/ Disposition)</i> <a href="https://www.archives.gov/records-mgmt/agency/departments/defense.html">https://www.archives.gov/records-mgmt/agency/departments/defense.html</a>				
<b>CHIEF INFORMATION OFFICER</b> <i>(PIA/Data Security)</i>				
<b>OPA</b> <i>(Surveys - Methodology &amp; Scientific Review)</i> <a href="mailto:dodhra.mc-alex.dpac.mbx.dod-survey-review@mail.mil">dodhra.mc-alex.dpac.mbx.dod-survey-review@mail.mil</a>				
<b>HRPP OFFICIAL/INSTITUTIONAL REVIEW BOARD</b> <i>(Research)</i>				
<b>FORMS MANAGER</b> <i>(Forms Assessment)</i>				
<b>GENERAL COUNSEL</b> <i>(For Incentive/Gifts)</i>				
<b>RDD</b> <i>(For DD Forms Only)</i>				
<b>Air Force Survey Office</b> <i>(complete before OPA for surveys to AF personnel)</i> <a href="mailto:afpc.dsyst.af.surveyoffice@us.af.mil">afpc.dsyst.af.surveyoffice@us.af.mil</a>				

<b>7. ADDITIONAL REMARKS</b>
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