

INFORMATION COLLECTION REQUEST COORDINATION SUMMARY SHEET

1. OMB CONTROL NO. <i>(or placeholder)</i>	2. TITLE	3. COMPONENT
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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)				
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
