"Privacy Act System" Data Transfer Agreement

(*Applies to 'large data transfers' - not requests for one or two records in accordance with the routine uses of the system)

I _____ (*Director, Assistant Director, Regional Director*) **have requested and received a data transfer from the following restricted (Privacy Act database) for use in the following program:**

Name of database: _____

Fields of information provided by:

1)   6)
2)   7)
3)   8)
4)   9)
5)   10)

Intended Use/Project: (explain)

Duration of project: _____

Other fields of information that I will match this information up with and source:

Field	Source
1)	
2)	
3)	
4)	
5)	

Where will the data be temporarily stored?

Computer/assigned to: _____

System: _____

Signature/date of person providing the data: _____

I understand that the transfer of data from this personal privacy system has been given to me to use on the project identified and for the duration noted.   In accordance with this agreement:

- **I WILL protect the Privacy Act data in accordance with IRM Bulletin 2001-0004 (security).**
- **I WILL NOT copy the Privacy Act data to any media to be used for a purpose outside of the scope of the project as identified above.**
- **I WILL NOT share the Privacy Act data with any person outside of those included as required participants in the project identified above.**
- **I WILL NOT use the Privacy Act data for personal reasons.**
- **I WILL NOT use the Privacy Act data for any other project than the one identified.**
- **I WILL NOT alter the Privacy Act data.**
- **I WILL have User Support technician scrub the Privacy Act data from my computer/system once the project is completed and will sign the certification presented to me.**

I understand that a violation of this agreement could make me subject to penalties identified in 43 CFR 2 and may result in the loss of employment.

Person to whom the Privacy Act data will be transferred (print): _____

Signature/Date: _____

Upon completion:

Signature/date of <u>technician</u> who scrubbed the computer/system: _____

Signature/date of <u>person to whom the data was transferred</u>
that no copies exist: _____

Signature/date of <u>Director/Assistant Director/Regional Director:</u>   _____

(copies to be maintained by AD-ITM, system manager, Privacy Act Officer)