PAPERWORK REDUCTION ACT SUBMISSION
COORDINATION SUMMARY SHEET

a. COORDINATOR	b. COORDINATION REQUIRED *(Yes/No) (If Yes, attach)*	c. COORDINATOR REMARKS	d. COORDINATOR SIGNATURE	e. DATE
1. **COMPONENT PRIVACY OFFICER** *(SORN, PAS, PAA, Consent Form)*		SORN ID:		
2. **COMPONENT PRIVACY OFFICER** *(SSN Justification/Plan)*				
3. **COMPONENT CIO** *(Privacy Impact Assessment)*				
4. **COMPONENT CIO** *(Data Security)*				
5. **COMPONENT RECORDS MANAGER** *(Records Schedule/ Disposition)*		SCHEDULE: DISPOSITION:		
6. **DMDC** *(Surveys - Methodology & Scientific Review)*				
7. **HRPP OFFICIAL/ INSTITUTIONAL REVIEW BOARD** *(Research)*				
8. **COMPONENT FORMS MANAGER** *(Forms Assessment)*		FORM NUMBER(S):		
9. **INTERNAL INFORMATION COLLECTION OFFICER** *(Internal Collection Assessment)*		RCS:		
10. **COMPONENT GENERAL COUNSEL** *(Sensitive, High Interest, or Political Collection)*				
11. **COMPONENT INFORMATION MANAGEMENT CONTROL OFFICER** *(Package Review and Tracking)*				

12. **ADDITIONAL REMARKS**