Print Form

PRIVACY ACT STATEMENT QUESTIONNAIRE

1. What is the purpose of the collection of the information? *(Please provide a detailed explanation)*

2. How will the information be used?

3. How will the information be maintained?

4. How will the information be safeguarded?

5. What effects would occur on the individual if he or she chooses not to provide the requested information?

6. Is there an instruction associated with the form? If so, please provide the instruction number.

If you have any questions or concerns, please contact Lisa Barnett @ 790-5400.

Name of Individual Who Completed the Form (Print)	Telephone Number	Code

All Fields are mandatory

ALL required fields on this form must be completed and those not required indicate N/A