

USER REQUEST FOR CAPRI ACCESS

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is mandatory. Giving us your and your veteran relatives' SSN account information is mandatory. Any persons, including dependents and beneficiaries, who apply for or receive VA Compensation and Pension benefits are required to provide their SSN under Title 38 USC 5101(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

SECTION I - USER INFORMATION

1. LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX		2. REGIONAL OFFICE	3. ORGANIZATIONAL CODE
4. SOCIAL SECURITY NUMBER	5. JOB TITLE		6. GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		7. DUTY E-MAIL ADDRESS	8. DATE OF BIRTH
9. WORK PHONE (Include Area Code)		10. TYPE OF REQUEST <input checked="" type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> DELETE	11. IRM ACCESS? (Default is no) <input type="checkbox"/> YES

SECTION II - TRAINING REQUIREMENTS

12. Privacy and HIPAA Training (VA 10203) Completion Date:	VA Privacy and Information Security Awareness and Rules of Behavior Training (VA 10176) Completion Date:
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SECTION III - REMARKS

SECTION IV - APPROVALS

13A. PRINT NAME, SIGNATURE OF REQUESTING OFFICIAL <i>(I affirm with my signature below that I have verified that the applicant has completed the VA Information Security Awareness Course and the VHA Privacy Policy Training within the past year. I also affirm that the applicant will be required to complete this training annually. Copies of the applicant's training certificates of completion for both courses of instruction are on file at this facility)</i>	13B. DATE SIGNED
14A. PRINT NAME, SIGNATURE OF CAPRI ADMINISTRATOR	14B. DATE SIGNED