

Command Financial Specialist Student Data Card

Name: _____ Rate/Rank: _____

SSN: _____ Branch of Service: _____ UIC: _____

Command (do not abbreviate): _____

Command Mailing Address: _____

Work E-mail: _____

Work Phone: _____ Rotation Date (PRD): _____

Present Position: _____

Date Attended Training: _____ Location: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC Sec 3301, which allows the Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, establishes the Navy Family Services Center Program.

PRINCIPAL PURPOSE: To enable the Chief of Naval Education and Training to record and track graduates of the Command Financial Specialist Training Course. Social Security number (SSN) will be used to provide positive identification.

ROUTINE USES: The information obtained will become part of the Navy Integrated Training Resources Administration System (NITRAS) and may be disclosed to routine users of such system. Unauthorized users will not have access to this protected information.

DISCLOSURE: Disclosure, including SSN, is voluntary. Failure to complete this form will result in incomplete documentation and withholding of reporting attendance at this course within NITRAS. To avoid erroneous application of your course records to another member, this data card will not be processed without your SSN.

I have read and understand the above information.

Signature/Date: _____