

DEPARTMENT OF HOMELAND SECURITY
 U.S. Coast Guard
PRIVACY IMPACT ASSESSMENT CONTACT INFORMATION

Name of the System		
Signature of Assessor <i>(i.e. System Owner, Operator, Developer, or Other)</i>		Date
Print Name		Title/Position
Signature of Program Manager <i>(if not Assessor)</i>		Date
Print Name		Title/Position
Agency and Office/Department		
Street Address		
City, State and Zip Code		
Phone Number	Fax Number	E-mail Address

Please Return Completed Form To CG-611, Room 6106

FOR COMMANDANT, CG-611 USE ONLY

Reviewed By	Date	Approved By	Date
Comments			