

BIENNIAL AGENCY REPORT

INSTRUCTIONS

The Identifying Information Law requires City agencies to submit comprehensive biennial agency reports related to their collection, retention, and disclosure of identifying information and their privacy protection practices.

To complete the 2024 biennial agency report:

- Review Form 2s (APO Designation of Collection and Disclosures as “Routine”) made since the 2022 compliance cycle;
- Review Form 5s (Agency Privacy Officer Approval of Collections and Disclosures on a “Non-Routine” Basis) made since the 2022 compliance cycle;
- Use Forms 2 & 5 to complete Worksheet 1 for all new and existing **collections** between 2022-2024;
- Use Forms 2 & 5 to complete Worksheet 2 for all new and existing **disclosures** between 2022-2024.
- Complete the Biennial Agency Workbook;
- Submit the biennial agency report by **July 31, 2024**.

Submit the biennial agency report to:

- Mayor at MOReports@cityhall.nyc.gov
- City Council Speaker at reports@council.nyc.gov
- Chief Privacy Officer and the Citywide Privacy Protection Committee at oip@oti.nyc.gov
- Department of Records and Information Services (DORIS) online submission portal at <https://a860-gpp.nyc.gov>

THIS REPORT IS PUBLIC. PREPARERS SHOULD CONSULT AGENCY COUNSEL OR THE CHIEF PRIVACY OFFICER TO ENSURE THE RESPONSES ARE PROVIDED ACCORDING TO APPLICABLE LAW AND CITY POLICY.

VERSION CONTROL

Version	Description of Change	Approver	Date
4.0	New design for ease of use and technological enhancements, and miscellaneous clarifying revisions.	Michael Fitzpatrick Chief Privacy Officer, City of New York	April 2024
3.0	Updated completion date; miscellaneous clarifying revisions.	Aaron Friedman Principal Senior Counsel Office of Information Privacy	April 2022
2.0	Updated completion date; miscellaneous clarifying revisions.	Laura Negrón Chief Privacy Officer, City of New York	April 2020
1.0	First Version	Laura Negrón Chief Privacy Officer, City of New York	April 2018

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**BIENNIAL AGENCY REPORT
(Due on or before July 31, 2024)**

1. Agency: Administration for Children's Services

2. APO Contact Details
 - a. Name: Jenelle Boyd
 - b. Title: Associate General Counsel / Agency Privacy Officer
 - c. Email: jenelle.boyd@acs.nyc.gov
 - d. Telephone: 212-788-4272

COLLECTIONS

3. How many collections does the agency have to describe?
29

4. **COLLECTIONS.** Upload worksheet 1.



- Proceed to the next page -

5. For all **collections**, select the types of identifying information collected (check all that apply). See [Citywide Privacy Protection Policies and Protocols § 3.1](#).

<input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Social security number (full or last 4 digits)* <input checked="" type="checkbox"/> Taxpayer ID number (full or last 4 digits)*	<u>Work-Related Information</u> <input checked="" type="checkbox"/> Employer information <input checked="" type="checkbox"/> Employment address
<u>Biometric Information</u> <input type="checkbox"/> Fingerprints <input checked="" type="checkbox"/> Photographs <input type="checkbox"/> Palm and handprints* <input type="checkbox"/> Retina and iris patterns* <input type="checkbox"/> Facial geometry* <input type="checkbox"/> Gait or movement patterns* <input type="checkbox"/> Voiceprints* <input type="checkbox"/> DNA sequences* <input checked="" type="checkbox"/> Height <input checked="" type="checkbox"/> Weight	<u>Government Program Information</u> <input checked="" type="checkbox"/> Any scheduled appointments with any employee, contractor, or subcontractor <input checked="" type="checkbox"/> Any scheduled court appearances <input checked="" type="checkbox"/> Eligibility for or receipt of public assistance or City services <input type="checkbox"/> Income tax information <input checked="" type="checkbox"/> Motor vehicle information
<u>Contact Information</u> <input checked="" type="checkbox"/> Current and/or previous home address <input checked="" type="checkbox"/> Email address <input checked="" type="checkbox"/> Phone number	<u>Law Enforcement Information</u> <input checked="" type="checkbox"/> Arrest record or criminal conviction <input checked="" type="checkbox"/> Date and/or time of release from custody of ACS, DOCS, or NYPD <input type="checkbox"/> Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD
<u>Demographic Information</u> <input checked="" type="checkbox"/> Country of origin <input checked="" type="checkbox"/> Date of birth* <input checked="" type="checkbox"/> Gender identity <input checked="" type="checkbox"/> Languages spoken <input checked="" type="checkbox"/> Marital or partnership status <input checked="" type="checkbox"/> Nationality <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion <input checked="" type="checkbox"/> Sexual orientation	<u>Technology-Related Information</u> <input type="checkbox"/> Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI)* <input type="checkbox"/> GPS-based location obtained or derived from a device that can be used to track or locate an individual* <input type="checkbox"/> Internet protocol (IP) address* <input checked="" type="checkbox"/> Social media account information
<u>Status information</u> <input checked="" type="checkbox"/> Citizenship or immigration status <input checked="" type="checkbox"/> Employment status <input checked="" type="checkbox"/> Status as a victim of domestic violence or sexual assault <input checked="" type="checkbox"/> Status as crime victim or witness	
<u>Other Types of Identifying Information</u> (list below): 	
*Type of identifying information designated by the CPO (see CPO Policies & Protocols, §3.1.1).	

DISCLOSURES

6. How many disclosures does the agency have to describe?

19

7. **DISCLOSURES.** Upload worksheet 2.



- Proceed to the next page -

8. For all **disclosures**, select the types of identifying information disclosed (check all that apply).
See [Citywide Privacy Protection Policies and Protocols § 3.1](#).

<input checked="" type="checkbox"/> Name <input type="checkbox"/> Social security number (full or last 4 digits)* <input type="checkbox"/> Taxpayer ID number (full or last 4 digits)*	<u>Work-Related Information</u> <input checked="" type="checkbox"/> Employer information <input checked="" type="checkbox"/> Employment address
<u>Biometric Information</u> <input type="checkbox"/> Fingerprints <input checked="" type="checkbox"/> Photographs <input type="checkbox"/> Palm and handprints* <input type="checkbox"/> Retina and iris patterns* <input type="checkbox"/> Facial geometry* <input type="checkbox"/> Gait or movement patterns* <input type="checkbox"/> Voiceprints* <input type="checkbox"/> DNA sequences* <input type="checkbox"/> Height <input type="checkbox"/> Weight	<u>Government Program Information</u> <input checked="" type="checkbox"/> Any scheduled appointments with any employee, contractor, or subcontractor <input checked="" type="checkbox"/> Any scheduled court appearances <input checked="" type="checkbox"/> Eligibility for or receipt of public assistance or City services <input type="checkbox"/> Income tax information <input type="checkbox"/> Motor vehicle information
<u>Contact Information</u> <input checked="" type="checkbox"/> Current and/or previous home address <input checked="" type="checkbox"/> Email address <input checked="" type="checkbox"/> Phone number	<u>Law Enforcement Information</u> <input type="checkbox"/> Arrest record or criminal conviction <input checked="" type="checkbox"/> Date and/or time of release from custody of ACS, DOCS, or NYPD <input type="checkbox"/> Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD
<u>Demographic Information</u> <input checked="" type="checkbox"/> Country of origin <input checked="" type="checkbox"/> Date of birth* <input checked="" type="checkbox"/> Gender identity <input checked="" type="checkbox"/> Languages spoken <input checked="" type="checkbox"/> Marital or partnership status <input checked="" type="checkbox"/> Nationality <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion <input checked="" type="checkbox"/> Sexual orientation	<u>Technology-Related Information</u> <input type="checkbox"/> Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI)* <input type="checkbox"/> GPS-based location obtained or derived from a device that can be used to track or locate an individual* <input type="checkbox"/> Internet protocol (IP) address* <input type="checkbox"/> Social media account information
<u>Status information</u> <input checked="" type="checkbox"/> Citizenship or immigration status <input checked="" type="checkbox"/> Employment status <input checked="" type="checkbox"/> Status as a victim of domestic violence or sexual assault <input checked="" type="checkbox"/> Status as crime victim or witness	
<u>Other Types of Identifying Information</u> (list below): 	
*Type of identifying information designated by the CPO (see CPO Policies & Protocols, §3.1.1).	

9. Separate from the Citywide Privacy Protection Policies and Protocols, what are the agency's policies regarding requests for disclosures from other City agencies, local public authorities or local public benefit corporations, and third parties? Please **summarize or upload a copy of the policy**. See *N.Y.C. Admin. Code § 23-1205(a)(1)(c)(1)*.
10. Which divisions of employees within the agency make disclosures of identifying information following the approval of the privacy officer? See *§ N.Y.C Admin. Code § 23-1205(a)(1)(c)(4)*.
11. Which categories of employees within the agency make disclosures of identifying information following the approval of the privacy officer? See *§ N.Y.C Admin. Code § 23-1205(a)(1)(c)(4)*.
12. Do any of the agency's policies address **access** to identifying information by employees, contractors, and subcontractors? See *§ N.Y.C. Admin Code § 23-1205(a)(4)*.
- ☒ Yes – **GO TO QUESTION 13**
- ☐ No – **GO TO QUESTION 16**
13. Do these policies state that **access** to identifying information must be necessary for the employees, contractors, and subcontractors to perform their duties? See *N.Y.C. Admin Code § 23-1205(a)(4)*.
- ☒ Yes – **GO TO QUESTION 14**
- ☐ No – **GO TO QUESTION 16**
14. Are these policies implemented so that **access** is limited to the greatest extent possible, but also furthers the purpose or mission of the agency?
- ☒ Yes – **GO TO QUESTION 15**
- ☐ No – **GO TO QUESTION 16**

15. Describe how **access** is limited to the greatest extent possible while furthering the purpose or mission of the agency.
16. **Summarize or upload** the agency's current policies for handling **proposals for disclosures to other** City agencies, local public authorities, or local public benefit corporations, and third parties. *See N.Y.C Admin Code § 23-1205(a)(1)(c)(2).*
17. **Summarize or upload** the agency's current policies regarding the classification of **disclosures** as necessitated by the existence of **exigent circumstances or as routine**. *See N.Y.C Admin Code § 23-1205(a)(1)(c)(3).*
18. Since 2022, has the agency **considered or implemented**, where applicable, policies that minimize the collection, retention, and disclosure of identifying information to the greatest extent possible while furthering the purpose or mission of the agency? *See N.Y.C Admin Code § 23-1205(a)(3).*
- ☐ Yes – **GO TO QUESTION 19**
- ☒ No – **GO TO QUESTION 20**
19. Summarize the policies that the agency has **considered or implemented** regarding data minimization for the collection, retention, and disclosure of identifying information. *See N.Y.C Admin Code § 23-1205(a)(4).*

20. Summarize the agency's use of agreements for any use or disclosure of identifying information.
See N.Y.C Admin Code § 23-1205 (a)(1)(d).

21. Since 2022, describe the impact of the Identifying Information Law and any other local, state, or federal laws upon your agency's practices in relation to the collection, retention, and disclosure of identifying information (i.e., if such practices would differ in the absence of these laws). The impact can be positive or negative. *See N.Y.C Admin Code § 23-1205(a)(2).*

22. Describe how the current privacy policies and protocols issued by the Chief Privacy Officer, or the guidance issued by the Citywide Privacy Protection Committee affected your agency's practices in relation to the collection, retention, and disclosure of identifying information. The effects can be positive or negative. *See N.Y.C Admin Code § 23-1205(a)(2).*

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APPROVAL SIGNATURE FOR AGENCY REPORT

PREPARER OF AGENCY REPORT

Name: Jenelle Boyd

Title: Agency Privacy Officer

Email: jenelle.boyd@acs.nyc.gov

Phone: 3479313768

ELECTRONIC SIGNATURE OF AGENCY HEAD OR DESIGNEE REQUIRED BELOW

Name: Joseph Cardieri

Title: Deputy Commissioner/General Counsel - ACS

Email: joseph.cardieri@acs.nyc.gov

Phone: 2123410927

Signature: Joseph Cardieri
Joseph Cardieri (Jul 30, 2024 08:41 EDT)

Date: 07/30/2024

Describe the following types of collections. Note, you may have multiple collections of the same type.

COLLECTIONS				
	Type of Collection	Describe the Specific Activity	Classification	Describe the agency purpose or mission served by this Collection.
1	Social Services	Investigation of reports with allegations of child neglect or abuse pursuant to NY SSL 422	Pre-approved as routine	Investigation of reports with child neglect or abuse allegations under NY SSL 422.
2	Social Services	Attendance information for children enrolled in daycare facilities for funding, audits, and investigations	Pre-approved as routine	Used to approve funding for services and for potential investigations of fraud as necessary
3	Legal Matters or Proceeding	Personal identifying information for children placed in the custody of ACS for foster care services or for supervision in juvenile delinquency cases	Pre-approved as routine	Used for record keeping and to provide services
4	Social Services	Personal identifying information is collected for persons interested in becoming foster parents	Pre-approved as routine	Used for record keeping and providing information about the process.
5	Human Resources and other Personnel Matters	Personal identifying information used for HR and EEO purposes	Pre-approved as routine	Used for record keeping and other personnel matters
6	Social Services	Personal information provided on the application used to apply for preventive services	Pre-approved as routine	Used to match families with services
7	Human Resources and other Personnel Matters	Personal information collected for critical incident reporting	Pre-approved as routine	Record keeping practices
8	Social Services	Personal information used to apply for childcare vouchers	Pre-approved as routine	Used to apply for childcare vouchers

9	Human Resources and other Personnel Matters	Health information for EEO purposes	Pre-approved as routine	Processing EEO claims
10	Human Resources and other Personnel Matters	Health information related to COVID 19	Pre-approved as routine	Monitoring COVID-19 in the workplace and timekeeping matters
11	Housing	Applications for youth to apply for housing	Pre-approved as routine	Assist youth with the completion of applications for housing such as NYCHA, City FEPS, or supportive housing
12	Housing	Applications for housing for families that are reuniting	Pre-approved as routine	Assists families who are in the process of reunification with housing applications for NYCHA
13	Social Services	Medicaid insurance for youth based on subsidy agreement	Pre-approved as routine	Assists with Medicaid applications for youth who are adopted with a subsidy
14	Social Services	Process adoption and KinGap subsidy	Pre-approved as routine	Reviews applications submitted by foster care providers. Adoption subsidy applications are reviewed
15	Social Services	Collects information to assist with placement of children in another jurisdiction	Pre-approved as routine	Provides information to other states for placement of children in the custody of ACS
16	Social Services	To secure timely placement of children in foster care	Pre-approved as routine	Assist with placing children who are in the custody of the Commissioner
17	Social Services	Case planning for children and youth who are medically fragile in foster care and non-foster care settings	Pre-approved as routine	Assist with referrals, case planning and follow-ups

18	Social Services	To provide visits to parents who are incarcerated	Pre-approved as routine	Assist with facilitating visits with parents who are incarcerated
19	Social Services	Ensures extension of placement for children in care	Pre-approved as routine	Information is shared with providers for placement
20	Social Services	Review high level cases and critical incidents	Pre-approved as routine	Reporting to oversight agency
21	Social Services	To provide payment for college housing, tuition fees and stipends for foster care youth	Pre-approved as routine	Collects information to provide to schools and foster care agencies
22	Social Services	Assist agencies with monitoring the time-period of children in foster care	Pre-approved as routine	Monitors data to monitor the length of stay, service needs, and assist agencies in completing applications for evidence-based modalities
23	Social Services	Provide technical assistance to agencies with youth who are absent without consent	Pre-approved as routine	Monitoring youth that are absent without consent.
24	Social Services	Providing assistance for visiting and permanency planning for youth in detention	Pre-approved as routine	Monitoring and providing assistance to youth in detention.
	<i>Type of Collection</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Collection.</i>
25	Social Services	Technical assistance and services for youth who may be involved with human trafficking	Pre-approved as routine	Monitoring youth that may be trafficked
26	Social Services	Facilitate conferences for youth and families to achieve reunification and transition to permanency	Pre-approved as routine	Monitoring conferences held for youth and families being trial discharged, final discharged, placement changes, etc..

27	Social Services	Facilitate conferences for foster parents who object to placement decision	Pre-approved as routine	Used to make decision about foster parents
28	Social Services	Collect information for youth seeking to reenter foster care	Pre-approved as routine	Monitoring and assisting youth requesting to reenter foster care
29	Social Services	Monitoring youth who elected to leave foster care	Pre-approved as routine	Monitoring to provide services
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	<i>Type of Collection</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Collection.</i>
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	<i>Type of Collection</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Collection.</i>
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Please add additional rows, if needed

Describe the following types of disclosures. Note, you may have multiple disclosures of the same type.

DISCLOSURES					
	Type of Disclosure	Describe the Specific Activity	Classification	Describe the agency purpose or mission served by this Disclosure.	Was this disclosure made pursuant to an external request?
1	Social Services	HIPAA forms are used to collect medical information related to child protective investigations	Pre-approved as routine	Medical information is collected as part of the child protective investigation to ensure medical and mental health needs are being addressed	No
2	Legal Matters or Proceeding	Sharing information as required in family court proceedings	Pre-approved as routine	To assist with monitoring of families by the court	Yes
3	Law Enforcement	Information sharing with the DA office related to criminal investigation or prosecution pursuant to NY SSL.	Pre-approved as routine	Exchange of information to assist with child protective investigations	Yes
4	Social Services	To coordinate service providers including foster care agencies, preventive services agencies, medical, drug treatment, etc.	Pre-approved as routine	To ensure that families are receiving services for supervision, to assist with keeping families together or reunification	Yes
5	Social Services	To obtain vital documents for clients and former foster care involved youth or adults	Pre-approved as routine	Assisting families and former foster care youth involved with obtaining vital documents	Yes

6	Social Services	To provide services for children in foster care or in need of supervision and services on juvenile delinquency cases.	Pre-approved as routine	Assist with obtaining services	No
7	Social Services	Release of child protective investigation records to entities in accordance with request made pursuant to NY SSL 422	Pre-approved as routine	As per the statute specific persons and entities are entitled to copies of child protective investigation records	Yes
8	Legal Matters or Proceeding	Providing case records to the NYC Law Department related to pending litigation	Pre-approved as routine	Used to defend pending litigation matters	Yes
9	Legal Matters or Proceeding	Case records are provided for discovery on fair hearings	Pre-approved as routine	Records are released for those seeking to overturn determinations on child protective investigations	Yes
10	Legal Matters or Proceeding	Case records are provided for discovery for family court proceedings	Pre-approved as routine	Records are released for litigation purposes.	Yes
11	Legal Matters or Proceeding	Case records are provided for discovery on delinquency matters	Pre-approved as routine	Records are released for litigation purposes	Yes
12	Social Services	Identifying information is disclosed to obtain services related to supervision for neglect and delinquent cases	Pre-approved as routine	To secure necessary services for families	No

13	Social Services	Administrative hearings for childcare payments	Pre-approved as routine	To assist with decisions on administrative hearings	Yes
14	Housing	Applications for housing for families and youth including NYCHA, City FHEPS, and supportive housing	Pre-approved as routine	To assist with securing housing for families and foster care youth	No
15	Social Services	Applications for Medicaid	Pre-approved as routine	Assist with applying for Medicaid	Yes
16	Social Services	Information related to critical incidents and for monitoring of other agency programs and actions	Pre-approved as routine	For oversight of the agency	Yes
17	Social Services	Information to assist with general, youth who are over 21, and youth who require special medical care	Pre-approved as routine	To assist with placement of children in foster care	Yes
18	Social Services	Information to assist youth being placed in specialized schools	Pre-approved as routine	To assist with education needs of children placed in foster care	Yes
19	Social Services	Information shared to arrange visits with children who are in foster care	Pre-approved as routine	To assist with transportation of children to visit incarcerated parents	No
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	<i>Type of Disclosure</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Disclosure.</i>	<i>Was this disclosure made pursuant to an external request?</i>
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90	Choose an item.		Choose an item.		Choose an item.
91	Choose an item.		Choose an item.		Choose an item.
92	Choose an item.		Choose an item.		Choose an item.
93	Choose an item.		Choose an item.		Choose an item.
94	Choose an item.		Choose an item.		Choose an item.
95	Choose an item.		Choose an item.		Choose an item.
96	Choose an item.		Choose an item.		Choose an item.
97	Choose an item.		Choose an item.		Choose an item.
98	Choose an item.		Choose an item.		Choose an item.
99	Choose an item.		Choose an item.		Choose an item.
100	Choose an item.		Choose an item.		Choose an item.

Please add additional rows, if needed

For each **disclosure**, select the type of entity **and** provide the name of the entity that received the identifying information.

	<i>Type of Entity</i>	<i>Name of Entity</i>
1	Federal Agency	[free text]
2	Choose an item.	
3	Choose an item.	
4	Choose an item.	
5	Choose an item.	
6	Choose an item.	
7	Choose an item.	
8	Choose an item.	
9	Choose an item.	
10	Choose an item.	
11	Choose an item.	
12	Choose an item.	
13	Choose an item.	
14	Choose an item.	
15	Choose an item.	
16	Choose an item.	
17	Choose an item.	
18	Choose an item.	
19	Choose an item.	
20	Choose an item.	
21	Choose an item.	
22	Choose an item.	
23	Choose an item.	
24	Choose an item.	
25	Choose an item.	
26	Choose an item.	
27	Choose an item.	

	<i>Type of Entity</i>	<i>Name of Entity</i>
28	Choose an item.	[free text]
29	Choose an item.	
30	Choose an item.	
31	Choose an item.	
32	Choose an item.	
33	Choose an item.	
34	Choose an item.	
35	Choose an item.	
36	Choose an item.	
37	Choose an item.	
38	Choose an item.	
39	Choose an item.	
40	Choose an item.	
41	Choose an item.	
42	Choose an item.	
43	Choose an item.	
44	Choose an item.	
45	Choose an item.	
46	Choose an item.	
47	Choose an item.	
48	Choose an item.	
49	Choose an item.	
50	Choose an item.	
51	Choose an item.	
52	Choose an item.	
53	Choose an item.	
54	Choose an item.	
55	Choose an item.	
56	Choose an item.	

	<i>Type of Entity</i>	<i>Name of Entity</i>
57	Choose an item.	[free text]
58	Choose an item.	
59	Choose an item.	
60	Choose an item.	
61	Choose an item.	
62	Choose an item.	
63	Choose an item.	
64	Choose an item.	
65	Choose an item.	
66	Choose an item.	
67	Choose an item.	
68	Choose an item.	
69	Choose an item.	
70	Choose an item.	
71	Choose an item.	
72	Choose an item.	
73	Choose an item.	
74	Choose an item.	
75	Choose an item.	
76	Choose an item.	
77	Choose an item.	
78	Choose an item.	
79	Choose an item.	
80	Choose an item.	
81	Choose an item.	
82	Choose an item.	
83	Choose an item.	
84	Choose an item.	
85	Choose an item.	

	<i>Type of Entity</i>	<i>Name of Entity</i>
86	Choose an item.	[free text]
87	Choose an item.	
88	Choose an item.	
89	Choose an item.	
90	Choose an item.	
91	Choose an item.	
92	Choose an item.	
93	Choose an item.	
94	Choose an item.	
95	Choose an item.	
96	Choose an item.	
97	Choose an item.	
98	Choose an item.	
99	Choose an item.	
100	Choose an item.	

Please add additional rows, if needed

OPTIONAL QUESTION: Using the table below, describe any proposals for disclosures of identifying information that your agency declined to approve.

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
1	Choose an item.	[free text]	[free text]	[free text]
2	Choose an item.			
3	Choose an item.			
4	Choose an item.			
5	Choose an item.			
6	Choose an item.			
7	Choose an item.			
8	Choose an item.			
9	Choose an item.			
10	Choose an item.			
11	Choose an item.			
12	Choose an item.			
13	Choose an item.			
14	Choose an item.			
15	Choose an item.			
16	Choose an item.			
17	Choose an item.			
18	Choose an item.			
19	Choose an item.			
20	Choose an item.			
21	Choose an item.			
22	Choose an item.			
23	Choose an item.			
24	Choose an item.			
25	Choose an item.			

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
26	Choose an item.	[free text]	[free text]	[free text]
27	Choose an item.			
28	Choose an item.			
29	Choose an item.			
30	Choose an item.			
31	Choose an item.			
32	Choose an item.			
33	Choose an item.			
34	Choose an item.			
35	Choose an item.			
36	Choose an item.			
37	Choose an item.			
38	Choose an item.			
39	Choose an item.			
40	Choose an item.			
41	Choose an item.			
42	Choose an item.			
43	Choose an item.			
44	Choose an item.			
45	Choose an item.			
46	Choose an item.			
47	Choose an item.			
48	Choose an item.			
49	Choose an item.			
50	Choose an item.			
51	Choose an item.			
52	Choose an item.			
53	Choose an item.			

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
54	Choose an item.	[free text]	[free text]	[free text]
55	Choose an item.			
56	Choose an item.			
57	Choose an item.			
58	Choose an item.			
59	Choose an item.			
60	Choose an item.			
61	Choose an item.			
62	Choose an item.			
63	Choose an item.			
64	Choose an item.			
65	Choose an item.			
66	Choose an item.			
67	Choose an item.			
68	Choose an item.			
69	Choose an item.			
70	Choose an item.			
71	Choose an item.			
72	Choose an item.			
73	Choose an item.			
74	Choose an item.			
75	Choose an item.			
76	Choose an item.			
77	Choose an item.			
78	Choose an item.			
79	Choose an item.			
80	Choose an item.			
81	Choose an item.			

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
82	Choose an item.	[free text]	[free text]	[free text]
83	Choose an item.			
84	Choose an item.			
85	Choose an item.			
86	Choose an item.			
87	Choose an item.			
88	Choose an item.			
89	Choose an item.			
90	Choose an item.			
91	Choose an item.			
92	Choose an item.			
93	Choose an item.			
94	Choose an item.			
95	Choose an item.			
96	Choose an item.			
97	Choose an item.			
98	Choose an item.			
99	Choose an item.			
100	Choose an item.			

Please add additional rows, if needed