



# Defense Health Agency (DHA) Extension Request – Data Sharing Agreement



This template shall be used to request a 30 day extension in order to continue to use the data in accordance to the executed Data Sharing Agreement (DSA). The Applicant / Recipient and Government Sponsor attest that they are authorized to sign this request on behalf of their respective organizations.

**Submit this request, or other inquiries, to [DSA – Mail](#).**

DSA#

Date

DSA Title

Describe the reason for requesting this extension

## Applicant / Recipient Contact Information and Signature

Name & Title / Rank

E-mail Address

Applicant / Recipient Signature

## Government Sponsor Contact Information and Signature

Name & Title / Rank

E-mail Address

Applicant / Recipient Signature

## Privacy Office Use Only

The DSA extension is effective upon DHA Privacy and Civil Liberties Office signature and will remain effective until \_\_\_\_\_.

Signature  
DHA Privacy and Civil Liberties Office