



## Defense Health Agency (DHA) Change of Applicant / Recipient – Data Sharing Agreement

This template shall be used to notify the DHA Privacy and Civil Liberties Office (Privacy Office) that the Applicant / Recipient listed in an executed Data Sharing Agreement (DSA) has been replaced by a new Applicant / Recipient. Submit this request or other inquiries to [DSA-mail](#).

DSA #

Project Title:

Outgoing Applicant / Recipient Name:

### New Applicant / Recipient Information

Name & Title / Rank:

Phone Number:

E-mail Address:

Mailing Address:

Company / Organization:

### Privacy Notice

DSAs are project or contract – specific, not individual data user-specific. Only the names and professional contact information of the Applicant and Government Sponsor should be listed. The names and contact information for the listed individuals are maintained so information and notices can be sent to these individuals. Information may be protected under the provisions of the Privacy Act of 1974 and only released as permitted by law.

### Signature

By signing below, the new Applicant / Recipient attests that the information above is truthful and accurate. The new Applicant / Recipient attests that he / she has read the above referenced DSA and the incorporated DSAA, agrees to adhere to the terms and conditions, and is authorized to sign on behalf of his / her respective organization.

\_\_\_\_\_  
Applicant / Recipient Signature

\_\_\_\_\_  
Government Sponsor Signature