PRINTING INSTRUCTIONS

CNATRA 1542 / PA (4/20) Privacy Act Statement and Record of Discussion

2 page form , needs to be printed on white bond paper , head to foot, and two top holes

CNATRA Form 1542 Privacy Act Statement and Record of Disclosure Form

ROUTINE USES: The Aviation Training Jacket contains information subject to and protected by the Privacy Act. Use and/or disclosure of this record is governed by SECNAVINST 5211.5(series)

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301; OPNAVINST 3710.7(series), Naval Air Training and Operating Procedures Standardization (NATOPS) Program; COMNAVAIRFOR Manual 3710.7, NATOPS General Flight and Operating Instructions; SORN N01542-1, Aviation Training Jackets.

PRINCIPAL PURPOSE: The purpose of the Aviation Training Jacket (ATJ) is to maintain an up-to-date student flight record and to evaluate the student's individual training progress and qualifications.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. §552a(b) of the Privacy Act, information within the ATJ may be shared within the Navy, Marine Corps, and other DoD components with a demonstrated need to know, with other Federal agencies for authorized purposes (e.g., USCG, NASA, FAA, NTSB), and to educational institutions upon requests for academic transcripts.

LAST NAME, FIRST MI	DODID	SIGNATURE	DATE

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS RECORD COULD SUBJECT THE DISCLOSER TO CRIMINAL PENALTIES

- 1. This sheet is to remain a permanent part of the record described above.
- 2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency except:
 - a. Disclosure to DOD or DON personnel having a need to know in the performance of their official duties.
 - b. Disclosure of certain items as authorized in SECNAVINST 5211.5 (SERIES)

DATE OF METHOD OF DISCLOSURE DISCLOSURE		PURPOSE OR AUTHORITY	Name and address of Agency/Person to whom disclosed
			SIGNATURE (if made in person):
			Name and address of Agency/Person to whom disclosed
			SIGNATURE (if made in person):

CNATRA Form 1542 Privacy Act Statement and Record of Disclosure Form				
DATE OF DISCLOSURE	METHOD OF DISCLOSURE	PURPOSE OR AUTHORITY	Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	
			Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	
			Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	
			Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	
			Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	
			Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	
			Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	
			Name and address of Agency/Person to whom disclosed	
			SIGNATURE (if made in person):	