PRINTING INSTRUCTIONS

CNATRA 1542 / PA (7-90) 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 1542-PRIVACY ACT STATEMENT AND RECORD OF DISCLOSURE

The attached record contains personal information concerning an individual. Its use and disclosure is governed by SECNAVINST 5211.5C.

TITLE & DESCRIPTION OF RECORD

☐ AVIATION TRAINING JACKET. Aviation Flight training, practical and academic grade scores, including pretraining aviation test battery scores, educational background and demographic information.

PRIVACY ACT STATEMENT

The information contained on the forms in the Aviation Training Jacket (ATJ) is requested under the authority of 5 USC 301, Departmental Regulations. This information is used to maintain an up-to-date student flight record and to evaluate the student's individual progress and qualifications, including aircraft, medical, and physiological qualifications. Routine uses of the record include: to educational institutions upon request for academic transcripts, as well as, the blanket routine uses published at the beginning of the Department of the Navy's Compilation in the Federal Register. Disclosure of the data is voluntary. Failure to disclose any of the requested information may result in an inaccurate representation of the data in your ATJ.

LAST NAME, FIRST MIDDLE,	SSN	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. Disclosures 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 5211.5C.

Forward written requests for disclosure to: Chief of Naval Air Training, Naval Air Station, Corpus Christi, TX 78419-5100

DATE OF DISCLOSURE	METHOD OF DISCLOSURE	PURPOSE OR AUTHORITY	NAME & ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSED, WITH SIGNATURE IF MADE IN PERSON
			SIGNATURE
			SIGNATURE

RESET

EMAIL TO:

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