



**TRICARE Management Activity
Data Sharing Agreement - Change of Applicant / Recipient**

The purpose of this template is to notify the TMA Privacy and Civil Liberties Office (“Privacy Office”) when there is a change in the name of the Applicant / Recipient in a signed Data Sharing Agreement (“DSA”). **This template cannot be used to make any other changes to the DSA or its incorporated Data Sharing Agreement Application (“DSAA”).** This template *must* be submitted to the Privacy Office within 15 days of any such change. Failure to provide the Privacy Office with this information may result in termination of access to the Military Health Systems (“MHS”) data. Questions regarding completion of this template can be directed to the Privacy Office at DSA.mail@tma.osd.mil.

DSA Number	
Contract / Grant Cooperative Research and Development Agreement (“CRADA”) / Other Project Number or Tracking Number (as applicable)	
Contract / Grant / CRADA / Other Project Name	
Current Option Year Period of Performance Dates	
Expiration Date of Contract / Grant / CRADA / Other Project	
Present (Outgoing) Applicant / Recipient	
New Applicant / Recipient	
Rank / Title of New Applicant / Recipient	
Company / Organization of New Applicant / Recipient	
Mailing Address of New Applicant / Recipient (including street, city, state, and zip)	
E-Mail Address of New Applicant / Recipient	
Phone Number of New Applicant / Recipient	
Government Sponsor	
On what future date do you want this change to become effective?	

[Signature Page Follows]

Data Sharing Agreement – Change of Applicant / Recipient, Last Update 6/1/11

TMA Privacy and Civil Liberties Office * 5111 Leesburg Pike * Suite 810 * Falls Church, VA * 22041

www.tricare.osd.mil/tmaprivacy



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

New Applicant / Recipient

Present (Outgoing) Applicant / Recipient, if available

Signature

Signature

Printed Name

Printed Name

Rank/Title

Rank/Title

Date

Date

Government Sponsor

Provide a brief justification below if it is not possible to obtain a signature from the Present (Outgoing) Applicant / Recipient:

Signature

Printed Name

Rank/Title

Date

Internal Use Only

DSAA # _____

DSA – Change of Applicant / Recipient template has been processed

Indicate the date on which this Applicant / Recipient change becomes effective: _____

Signature: _____
Data Sharing Agreement Officer, TMA Privacy and Civil Liberties Office

Follow up with the New Applicant / Recipient and the Government Sponsor acknowledging this change