OMB Control No.: 3095-0070 Expiration date: 12-31-2020

Request for Approval under the

"Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery" (OMB Control Number: 3095-0070)

TITLE OF INFORMATION COLLECTION: Military Reference Digital Delivery Customer Feedback

DATE OF REQUEST: 6/4/2020

PURPOSE: Collect customer feedback during the pilot of a new process for digitally delivering responses to requests for military records. Results will be used internally to determine if improvements are needed before deployment to a wider audience.

DESCRIPTION OF RESPONDENTS: Members of the general public who have received a digital response to their request for military records.

TYPE OF COLLECTION: (Check one)	
Customer Comment Card/Complaint Form	
Usability Testing (e.g., Website or Software)	Small Discussion Group
Focus Group	Other:

CERTIFICATION:

I certify the following to be true:

TYPE OF COLLECTION, (Cl. - 1- - - -)

- 1. The collection is voluntary.
- 2. The collection is low-burden for respondents and low-cost for the Federal Government.

- 3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
- 4. The results are not intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
- 6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Donald Greenlee, National Personnel Records Center, U.S. National Archives and **Records Administration**

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To assist review, please provide answers to the following question:

 Personally Identifiable Information: Is personally identifiable information (PII) collected If Yes, will any information that is collected be in Privacy Act of 1974? ☐ Yes ☒ No If Yes, has an up-to-date System of Records Not 	ncluded in records t	hat are subject to	
Gifts or Payments: Is an incentive (e.g., money or reimbursement of exparticipants? ☐ Yes ☒ No	penses, token of app	reciation) provide	ed to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burden
(1) Individuals or Households	200	5	16.67
(3) State, local, or tribal governments			
Totals	200	5	17
If you are conducting a focus group, survey, or please provide answers to the following questions: The selection of your targeted respondents 1. Do you have a customer list or something similar respondents and do you have a sampling plan for Yes No If the answer is yes, please provide a description of the answer is no, please provide a description of how respondents and how you will select them? N/A	r that defines the un r selecting from this both below (or attack	iverse of potentia universe? h the sampling pl	.1 an)? If
Administration of the Instrument 1. How will you collect the information? (Check al Web-based or other forms of Social Medi Telephone In-person Mail Other, Explain 2. Will interviewers or facilitators be used? Yes 3. Length of Collection: From: 6/22/2020 To: 8/2 Please make sure that all instruments, instruction	ia (if applicable, pleas s 🔀 No 28/2020		h e

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request.