



## Defense Health Agency (DHA) Extension Request – Data Sharing Agreement



This template shall be used to request a 30 day extension in order to continue to use the data in accordance to the executed Data Sharing Agreement (DSA). The Applicant / Recipient and Government Sponsor attest that they are authorized to sign this request on behalf of their respective organizations. **Submit this request, or other inquiries, to [dha.ncr.j-6.mbx.dsa-mail@health.mil](mailto:dha.ncr.j-6.mbx.dsa-mail@health.mil).**

DSA #:

Date:

DSA Title:

Describe the reason for requesting this extension:

### Applicant / Recipient Contact Information and Signature

Name & Title / Rank:

E-mail Address:

Applicant / Recipient Signature

### Government Sponsor Contact Information and Signature

Name & Title / Rank:

E-mail Address:

Government Sponsor Signature

### Privacy Office Use Only

The DSA extension is effective upon DHA Privacy and Civil Liberties Office signature and will remain effective until: \_\_\_\_\_.

Mr. Clarence Abrams  
Data Sharing Compliance Manager  
DHA Privacy and Civil Liberties Office