



U.S. DEPARTMENT OF STATE

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Proposed FORM DS-__ "Request for Correction of Public Information"



REQUEST FOR THE CORRECTION OF PUBLICLY DISSEMINATED INFORMATION
 UNDER DEPARTMENT OF STATE INFORMATION QUALITY GUIDELINES

The U.S. Department of State is making this form available for requests for the correction of information publicly disseminated in the United States by the Department of State, where the requester is directly affected by the information and wishes the request to be considered under the Department's information quality [guidelines](http://www.state.gov/r/pa/ei/rls/infoguide/9853.htm) at <http://www.state.gov/r/pa/ei/rls/infoguide/9853.htm>.

Members of the public do not need to use this form to direct comments, questions or concerns to the attention of the Department. Anyone may call (202) 647-6575, send an e-mail to AskPublicAffairs@state.gov, or use the Department's website at <http://www.state.gov>, which includes instructions for contacting the appropriate bureau or office within the Department. This form should not be used for questions or concerns relating to individual passports, visas, overseas adoptions, missing persons, questions about employment or any other personal matter.

SECTION I – REQUESTER IDENTIFICATION

Requester's name:

Organizational Affiliation (if applicable):

Requester's Permanent address:

Telephone Number:

Fax Number:

E-mail address:

[Requests for correction are presumed timely if submitted within sixty (60) days of the dissemination date of the information being challenged.]

Describe how you are affected by the information at issue:

SECTION II - ALLEGED DEFICIENCY OF INFORMATION QUALITY

Please quote, or attach to this form a copy of, the publicly disseminated information you believe is incorrect:

Please identify where and how the information was disseminated:

Please comment on why you believe the referenced information is incorrect (response may be attached):

SECTION III – CONTACT INFORMATION FOR SUBMITTING REQUESTS FOR CORRECTION AND REQUESTS FOR RECONSIDERATION

Completed forms may be delivered to the Department by e-mail, fax or letter, as follows:

E-mail:

DataQuality@state.gov

Fax:

Data Quality Coordinator
U.S. Department of State
(202) 261-8590

Mail:

Data Quality Coordinator
A/RPS/IPS, SA-2
Department of State
Washington, D. C. 20522-6001

SECTION IV – REQUESTS FOR RECONSIDERATION

Affected persons who are notified by the Data Quality Coordinator that their Request for the Correction of Information on Form DS-__ was considered under the Department's guidelines on information quality and who believe that the Department did not take appropriate corrective action in response to their request may submit a request for reconsideration. Requests for Correction of Information that were determined by the Department to fall outside of the information quality guidelines and requests determined not to be appropriate for response under the guidelines will not be reconsidered. Requests for reconsideration must be submitted within thirty (30) days of the Department's notice of disposition of the underlying request for correction.

If this is a request for reconsideration, please identify the underlying request for correction submitted to the Department, as follows:

- (i) Reference number assigned to the file (as indicated in the Department's response) :
- (ii) Date submitted to the Department:
- (iii) Department response and date thereof:

(iv) Attach copies of all written and electronic communications between the requester and the Department relating to the request for correction (documents, including scanned documents, may be attached as files to electronic submissions).

PRIVACY ACT NOTICE: This information is requested pursuant to Section 515 of the Treasury and General Government Appropriations Act for FY 2001 (Public Law 106-554; HR 5658). The primary purpose for requesting the information is to assist the Department in responding to your request for the correction of information publicly disseminated by the Department. Portions of the information also may be used by the Department in complying with its annual reporting requirements to the Office of Management and Budget. Failure to complete this form may prevent your request from being processed under the Department's information quality guidelines. The information solicited on this form is made available as a "routine use" to appropriate agencies, whether federal, state, local or foreign, for law enforcement and administration purposes. It may also be disclosed pursuant to court order.

[FOR AGENCY USE ONLY]

File Reference Number:

Due date of Response to Request for Correction: (submission date + 60 days):

Due date of Response to Request for Reconsideration: (submission date + 30 days) :

For requests for correction determined to fall outside of the Department's information quality guidelines:

Cite relevant paragraph(s) of the guidelines:

Note the name, title and office symbol of the person making that determination:

Initial: _____ Date: _____
Note the name, title and office symbol of the person reviewing that determination:
Initial: _____ Date: _____

Note all Department actions (including requests for input from other bureaus), the person taking the action, and the date thereof:

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