



National Institutes
of Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Emergency Notification System Opt-In and Opt-Out Request Form



GET CONNECTED
STAY INFORMED

Purpose of this Form

Use this form to allow, on your behalf, an Administrative Officer (AO) or Administrative Technician (AT) to modify your NED record to opt in to receive, or opt out of receiving, emergency alerts from the Emergency Notification System (ENS). For more information about the AlertNIH Program, visit <https://alert.nih.gov>.

IMPORTANT: This form should only be used by NIH staff who do not have access to the NIH Enterprise Directory (NED) Portal. The primary method of opting in and out should be through the NED Portal: <https://nedportal.nih.gov> (authentication required).

Type of Request (*select one*)

I Want to Receive Alerts I Do Not Want to Receive Alerts*

*If you choose to not receive alerts, you will NOT receive any emergency alerts/messages to the personal contact information selected below. You will still receive alerts through your official work email and phone numbers in NED.

FIRST NAME	MIDDLE NAME	LAST NAME
------------	-------------	-----------

COMPLETE ALL ROWS THAT APPLY (*Only enter contact information for Opting In*)

Send Alerts	PERSONAL CELL PHONE (<i>include area code</i>)
Do Not Send Alerts	
Send Alerts	PERSONAL HOME PHONE (<i>include area code</i>)
Do Not Send Alerts	
Send Alerts	PERSONAL EMAIL ADDRESS
Do Not Send Alerts	

SIGNATURE	DATE
-----------	------

Return this signed form to your Project Officer or Admin Officer.

Privacy Notice

Collection of this information is authorized under 5 U.S.C. 301 and 302, 44 U.S.C. 3101 and 3102, Executive Order 9397. Providing this information is voluntary, however, failure to provide accurate information or opting out may delay or prevent the individual from receiving notifications in the event of an emergency. The NIH will use this information to send urgent notifications and alerts in response to emergencies, disasters, or planned exercises. This information may be disclosed to NIH Emergency Management Personnel, Supervisors, NIH Senior Staff, the Department of Health and Human Services, the Office of Personnel Management, Federal, State and Local health and law enforcement officials, and contractors working on our behalf as necessary in the event of an emergency. Submission of this information is voluntary; however, in order for us to notify you in the event of an emergency, you should complete all fields. For more information, please visit: <https://www.ors.od.nih.gov/ser/alert/Pages/Privacy-Act-Notification-Statement.aspx>.

These records are maintained under Privacy Act System 09-25-0216, NIH Electronic Directory, HHS/NIH <https://www.govinfo.gov/content/pkg/FR-2002-09-26/pdf/02-23965.pdf>