

RECORDS COORDINATOR DESIGNATION FORM

Department Name _____

Department Address _____

Coordinator Information

Name	
Job Title	
Phone #	
Email Address	
Signature	

Required Approval

Department or Unit Head _____

Date _____

A department can have more than one Records Coordinator. Please complete a separate form for each person with records responsibilities.

Please return this completed form to: University Records Management

Via Campus Mail: TAMU 5000

Via Fax: 979-458-1472

Via Email: RMDesk@lib-gw.tamu.edu