

Texas A&M University—University Records Management
Records Center Use Authorization Form

Name (Print)	Signature	Date (MM/DD/YY)

I am hereby authorizing the staff members signing above to send boxes to the TAMU University Records Center, request boxes from the TAMU University Records Center for delivery to our department, or to access these boxes or the information contained in the boxes.

Department Head Signature:	Date:
Department Head Title:	Phone Number:

For Records Management Use Only

Data Entry Date:	Verified by:
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