

## 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@library.tamu.edu](mailto:RMDesk@library.tamu.edu)