

DEPARTMENT OF CORRECTIONS
RECORDS COORDINATOR APPOINTMENT
(Due Annually or When the Records Coordinator Changes)

Name of Facility/Unit		Facility/Unit Head	
Mailing Address			Telephone Number
This APPOINTMENT is a:	<input type="checkbox"/> NEW Assignment	or	<input type="checkbox"/> Re-Assignment (remains the same)
The person(s) listed below is/are the Records Management Coordinator(s) for this location: (If the Coordinator remains the same, but their last name, title, phone number, or address has changed please indicate below.)			
Name and Title		Telephone Number/ E-Mail Address	
The following persons are authorized to sign Notice of Intent To Destroy Records:			
<input type="checkbox"/> Facility/Unit Head		<input type="checkbox"/> Records Coordinator	
The following persons are authorized to sign Records Transfer Authorization:			
<input type="checkbox"/> Facility/Unit Head		<input type="checkbox"/> Records Coordinator	
_____ Signature of Facility/Unit Head		_____ Date	

Original: Agency Records Coordinator
Copy: Local Records Coordinator