

Submitter's Name

SSARC-941 (09/2020)

Date

## **ROLE DESIGNATION FORM**

Archives Use Only			
Date Received:	Date Entered:	Entered by:	
<b>Instructions</b> : Use this form to designate individuals to assist your agency's Records Officer. This form does not need to be signed by the Chief Executive / Head of Agency. It may be signed by the Records Officer, Section Supervisors or Directors. Please do NOT use this form to designate your agency's Records Officer (use form SSARC-940 to do so).			
Please print or type all information below:			
1. Agency:			
2. Agency Mailing Address:			
3. Designee's Role (Check all that a	apply):		
☐ Records Center Coordina	ator 🗆 Leg	gal Contact	
☐ Records Coordinator	□ Info	ormation Technology Contact	
4. Designee Section/Office Represe	enting:		_
5. Designee Name:			
6. Designee's Title:			
7. Designee's E-mail Address:			
8. Designee's Phone: ()	9. Designe	e's Fax: ()	
The person listed above is appointed coordinator/contact changes, we will change.		tact for the section indicated. If our sof the change within thirty days of su	ıch

Title