

Submitter's Name

SSARC-941 (09/2020)

Date

ROLE DESIGNATION FORM

| Archives Use Only | | | |
|--|---------------|--|-----|
| Date Received: | Date Entered: | Entered by: | |
| Instructions : 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