TO: Records Management Section  
Division of Archives Records Management and History  
P.O. Box 94125, Capitol Station  
Baton Rouge, LA 70804-9125  
FAX (225) 922-1220

Instructions: In compliance with LAS-R.S. 44:411, on or before July 1 of each state fiscal year, the chief executive officer of each agency shall designate a records officer to act as liaison between the Division of Archives, Records Management and History and the agency on all matters related to records management and communicate that designation by completing this form, in its entirety and submit it to the State Archives. Please complete and return by fax or mail to the address or fax number listed above.

PLEASE PRINT CLEARLY ALL INFORMATION REQUESTED BELOW.

1. Agency: _____________________________________________________________________________

2. Agency Mailing Address: _______________________________________________________________

3. Agency Chief Executive: _______________________________________________________________

4. Executive’s Title: _____________________________________________________________________

5. Executive’s E-mail Address: ___________________________@______________________________

6. Exec Phone Number: (_____) _______- ________ 7. Exec Fax Number: (_____) _______ - __________

8. Date Executive Appointed or Elected to current position: ___________________

9. Date Executive’s current term ends:____________   (date of next election or N/A if not applicable).

10. Agency Records Designee: ____________________________________________________________

11. Designee’s Title: _____________________________________________________________________

12. Designee’s E-mail Address: ___________________________@______________________________


As Chief Executive Officer of the agency listed above, I hereby designate the person listed above for the State Fiscal Year beginning July 1, 20___ and ending June 30, 20____. If returned after January 1st in a year where a designation has not been made, the designation will cover the balance of the remaining fiscal year and the upcoming fiscal year the form for which the form being submitted. In the event that our designee changes during the year indicated above, we will notify your office of the change and our new designee within thirty days of any such change.

Executive Signature:_________________________________________________________________

Executive Title: ___________________________________Date: _____________________________

For Archives Use Only  
Date Received: ________________  
Updated: _____________________  
Updated by: ___________________