ROLE DESIGNATION FORM

<table>
<thead>
<tr>
<th>Archives Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received:</td>
</tr>
</tbody>
</table>

**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 apply):
   - [ ] Records Center Coordinator
   - [ ] Legal Contact
   - [ ] Records Coordinator
   - [ ] Information Technology Contact

4. Designee Section/Office Representing: _______________________________

5. Designee Name: ___________________________________________________

6. Designee’s Title: ___________________________________________________

7. Designee’s E-mail Address: _________________________________________

8. Designee’s Phone: (___) ____________  9. Designee’s Fax: (___) ____________

The person listed above is appointed as the coordinator/contact for the section indicated. If our coordinator/contact changes, we will notify the State Archives of the change within thirty days of such change.

Submitter’s Name __________________________________________  Title ____________  Date ________________