



Texas A&M University-Central Texas RECORDS COORDINATOR DESIGNATION FORM

Department Name _____

Coordinator Information

Name	
Job Title	
Phone #	
Email Address	
Signature	

Required Approval

Department or Unit Head Printed Name _____

Department or Unit Head Signature _____

Date _____

A department can have more than one Records Coordinator. Please complete a separate form for each person with records responsibilities.

Please return this completed form to:
Michelle Zornes, Office of Institutional Compliance, WH RM 425