

**STATE OF OKLAHOMA**  
**ARCHIVES AND RECORDS COMMISSION**  
**RECORDS MANAGEMENT COORDINATOR APPOINTMENT**

<b>Name of Agency</b>	<b>Agency Head</b>
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<b>Mailing Address</b>	<b>Telephone Number</b>
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This APPOINTMENT is a . . .  NEW Assignment or  Re-Assignment (remains the same)

The person(s) listed below is/are the Records Management Coordinator(s) for this agency:  
(If the Coordinator remains the same, but their last name, title, phone number, or address has changed please indicate below.)

Name and Title	Division/Telephone Number/Mailing Address Fax Number/E-Mail Address

The following persons are authorized to sign Notice of Intent to Destroy Records:

Agency Head  Records Management Coordinator

The following persons are authorized to sign Records Transfer Authorization:

Agency Head  Records Management Coordinator

Signature of Agency Head	Date
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