Designation of Records Management Contact Person

This form shall be updated annually, or upon appointment of a new Records Management Contact Person, whichever first occurs.

Date: ______________

From: ______________________________________

Administrator

____________________________________

Unit Name

Location/Bldg/ Room Number: ______________________________________________________________

Phone: _______________________________________

The purpose of this memorandum is to appoint a contact person to serve as my official Records Management representative. The Records Management Contact Person will be my liaison with the Records Management Office and is responsible for the following records management activities of the department:

- Adhering to the Records Retention Schedule
- Maintaining an inventory of the Unit’s official records (all formats) by location
- Coordination of the transfer and destruction of paper records in offsite storage
- Maintenance of an index or detailed listing of records stored in the off-site facility for reference by persons requesting records.

I appoint the following person to represent this unit as Records Management Contact Person.

________________________________________ | _________________________ | __________

Name | E-mail | Phone

________________________________________

Administrator Signature | Date

Scan and return signed form to records@montgomerycollege.edu.