



BOARD OF REGENTS OF
THE UNIVERSITY SYSTEM OF GEORGIA

Appointment of Agency Records Management Officer

Records Management Officer Information		
Name:		
Title:		
Address:		
City:	State: GA	Zip: —
Tel:	Fax:	
Email:		

Pursuant to O.C.G.A. § 50-18-94(7) "Designate an agency records management officer who shall operate a records management program", I hereby appoint the above named individual to be the agency's Records Management Officer.

Agency Name:	
Authorizing Officer's Signature:	Date:

Authorizing Officer's Information		
Name:		
Title:		
Address:		
City:	State: GA	Zip: —
<i>Optional</i>		
Tel:	Fax:	
Email:		