



# Appointment of Agency Records Management Officer

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<b>Records Management Officer Information</b>		
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:	
Agency Director Signature:	Date:

<b>Agency Director Information</b>		
Name:		
Title:		
Address:		
City:	State: GA	Zip: —
<i>Optional</i>		
Tel:	Fax:	
Email:		