

Records Coordinator APPOINTMENT FORM

By completion of this form, this individual is appointed to take responsibility for the records and information products of the area described with the approval of their supervisor. This designation conveys the authority to request records destruction and to represent the area in matters pertaining to the management of its records, whether created and maintained by this individual or by others within their supervisors' scope. Training and information about appropriate recordkeeping practices are available from the ISU Records Manager.

(For more information on RCs, visit the Records Management webpage at <http://www.isu.edu/infomgmt>)

Please print legibly:

Name: _____

Position Title: _____
(Current Title: Secretary, Staff Assistant, etc.)

College or Division: _____

Department: _____

Campus Address / Mail Stop: _____ Building: _____ Room #: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

This Records Coordinator will be responsible for handling and processing the following types of records (check all that apply) : Financial – travel, POs, p-card Financial – grants
 Personnel – faculty Personnel – non-faculty student files (grades, advising, progress)
 Administrative (correspondence, business specific to the mission of the office) Other – please list:

This individual has been made aware of the duties and responsibilities of this position and agrees to serve in that capacity.

Appointee's Signature: _____ Date: _____

Dean, Director or
Manager's Signature: _____ Date: _____

Print Manager's name: _____

Please return this form to:

*Robin Wilson, Records Manager
Room 117b, Eli M. Oboler Library
Mail Stop 8089*

Contact Ms. Wilson at 282-3251 or wilsrobi@isu.edu with questions. Thank you.

DATE REC'D:

ACKNOWLEDGED: