Tennessee Secretary of State

Records Management Division

Records Officer Appointment / Termination Record - Authorized Signature
(*Read Instructions before completing form.)*

AUTHORITY:	In accordance with TCA §10-7-304
PRINCIPAL PURPOSE(S):	The head of each Department, Commission, Board or Agency shall designate a Records Officer, Systems Analyst or Records Analyst, etc., who shall be an employee at the administrative level and who shall be instructed to cooperate with the staff of the Records Management Division and the Public Records Commission in carrying out the purposes of this chapter. It is the duty of the Records Officer to appear before the Public Records Commission for the purpose of presenting on behalf of such Record Officer's Department, Commission, Board or Agency, requests for disposition of records
DISCLOSURE:	Appointment: The Records Management Division must be given the information requested below for all Records Officers. It is imperative that the Records Management Division also be notified whenever there is a change in the Agency's Records Officer status, as it relates to their Records Officer duties.

SECTION I - FROM: APPOINTING AUTHORITY

1. NAME *(First, Middle Initial, Last)*	**2. TITLE**	**3. AGENCY**
4. DATE *(YYYYMMDD)*	**5. SIGNATURE**	

SECTION II - TO: APPOINTEE

6. NAME *(First, Middle Initial, Last)*	**7. TITLE**	**8. AGENCY / DEPARTMENT**
9. ADDRESS	**10. TELEPHONE NUMBER**	**11. EMAIL ADDRESS**
12. EFFECTIVE DATE OF APPOINTMENT *(YYYYMMDD)*	**13. DOES THE APPOINTEE HAVE PRIOR EXPERIENCE AS A RECORDS OFFICER?** ☐ **Yes** ☐ **No** ***If yes, how much experience?***	

14. YOU ARE ADVISED TO REVIEW THE FOLLOWING REQUIREMENTS NEEDED TO ADEQUATELY PERFORM THE DUTIES LISTED ABOVE:

- Complete a Richards and Richards Security Form
- Attend 2-Hour Richards and Richards WEB Training

SECTION III - FROM: ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am to cooperate with the staff of the Records Management Division and the Public Records Commission in carrying out my duties.

15. PRINTED NAME *(First, Middle Initial, Last)*	**16. SIGNATURE**

SECTION IV - FROM: TERMINATION OF APPOINTMENT

The appointment of the above named individual is hereby revoked.	**17. DATE** *(YYYYMMDD)*	**18. APPOINTEE INITIALS**
19. APPOINTING AUTHORITY	**20. TITLE**	**21. SIGNATURE**

Tennessee Secretary of State

Records Management Division

INSTRUCTIONS FOR COMPLETING
RECORDS OFFICER APPOINTMENT / TERMINATION RECORD - AUTHORIZED SIGNATURE

This form shall be used by Departments, Commissions, Boards or Agencies to appoint qualified Records Officers to work in conjunction with the Records Management Division and the Public Records Commission to ensure proper management of their respective agency's records.

SECTION I

1. Enter the name of the appointing authority.

2. Enter the appointing authority's title

3. Enter the appointing authority's agency.

4. Enter the date the form is completed.

5. The appointing authority must place his or her legal signature in the block provided.

SECTION II

6. Enter the appointee's name.

7. Enter the appointee's title.

8. Enter the Agency / Department of the appointee.

9. Enter the appointee's physical address.

10. Enter the appointee's office telephone number.

11. Enter the appointee's email address.

12. Enter the effective date of the appointment.

13. If the appointee has had previous experience as a Records Officer, please explain how much experience he/she has.

14. Requirements necessary for the appointee to begin his/her duties are listed.

SECTION III

15 & 16. The appointee prints and signs his/her name as an acknowledgement of the appointment.

SECTION IV

Completing this section terminates the original appointment, as of the effective date.

17. Enter the date the termination is effective.

18. The appointee will initial in the space provided acknowledging revocation of the appointment.

19 - 21. The appointing authority must place his or her name, title and signature in the spaces provided.