



# Vermont State Archives and Records Administration

Office of the Secretary of State

1078 US RTE 2, Middlesex • Montpelier, VT 05633-7701 • Tel: (802) 828-3700 • Fax: (802) 828-3710

## RECORDS OFFICER DESIGNATION

A records officer fulfills a critical role in state government by maintaining an active and continuing records management program for his or her agency, department, or body. Where applicable, this designation also satisfies 3 V.S.A. § 218(d), which states that “the head of each state agency or department shall designate a member of his or her staff as the records officer for his or her agency or department and shall notify the Vermont State Archives and Records Administration in writing of the name and title of the person designated.” **Please complete all fields. Wet “ink” signatures are required for document authentication purposes but the Official Seal or Stamp is only required for those who use one.**

Records Officer Name: \_\_\_\_\_

This Officer is replacing \_\_\_\_\_ *Please void the previous officer’s appointment.*

Records Officer Title: \_\_\_\_\_

Records Officer E-mail Address: \_\_\_\_\_

Records Officer Mailing Address: \_\_\_\_\_

*(please include ZIP+4 code)*

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax: \_\_\_\_\_

BGS Customer Code: \_\_\_\_\_

Records Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Yes, please include this officer as a member of the [National Association of Government Archives & Records Administrators \(NAGARA\)](#) under VSARA’s institutional account. I understand an invoice for \$50 will follow.

I designate the above individual as records officer for \_\_\_\_\_

*(Agency, Department or Body)*

Signature: \_\_\_\_\_

*(Secretary, Commissioner, or Legal Custodian)*

Name: \_\_\_\_\_

*(Please print or type)*

Date: \_\_\_\_\_

### Official Seal or Stamp

*On occasion, the Secretary of State’s Office is asked to authenticate documents certified by the custodian of those records. If you have or use an official seal or stamp, including signature stamp, please apply it here.*

*Please return completed form to [rim@sec.state.vt.us](mailto:rim@sec.state.vt.us) (preferred), or mail/fax to above address/number Attn: Records Officer Program*