

DEPARTMENT OF RECORDS
RECORDS MANAGEMENT CERTIFICATION STATEMENT

Pursuant to Executive Order No. 6-92, "Uniform Records Management Policy," I designate

Name _____ Title _____

Address _____ Telephone _____ Fax _____

As this agency's Records Management Officer and certify that the following individual(s) are serving as this agency's Records Management Liaison(s):

1.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
2.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
3.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
4.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
5.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
6.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
7.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
8.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
9.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
10.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
11.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER
12.	NAME	TITLE	
	ADDRESS	TELEPHONE NO.	FAX NUMBER

DEPARTMENT	APPOINTING OFFICER	TITLE
SIGNATURE		DATE