DESIGNATION OF RECORD LIAISON OFFICER(S)/PICK-UP PERSONNEL

Please use this form when designating Record Liaison Officers or pick-up only personnel by completing the following information and submitting (with an original authorizing signature) to the CPR:



Your Access to Public Information

(Check only one designation type per form)

Authorization to submit paperwork for storage, withdrawal and destruction. Specific training is required. Record Liaison Officer:

1.13.12.11 NMAC

Authorized to pick up records at the records center by appointment. 1.13.12.12 NMAC Pick-Up Only Personnel

STAFF NAME(S)	AGENCY CODE	AGENCY NAME & MAILING ADDRESS	CONTACT INFORMATION
PRINT NAME:			PHONE NUMBER:
SECTION/UNIT:			
SIGNATURE:			EMAIL ADDRESS:
PRINT NAME:			PHONE NUMBER:
SECTION/UNIT:			
SIGNATURE:			EMAIL ADDRESS:
PRINT NAME:			PHONE NUMBER:
SECTION/UNIT:			
SIGNATURE:			EMAIL ADDRESS:
PRINT NAME:			PHONE NUMBER:
SECTION/UNIT:			
SIGNATURE:			EMAIL ADDRESS:

PROVAL:			
By signing below I authorize the personnel listed above to requ	uest the destruction, storage or withdrawal of public records.		
* A LIEU ODIZED GLONATUDE*	TWINED ON DUNITED NAME & TWIN E	DATE	
AUTHORIZED SIGNATURE*	TYPED OR PRINTED NAME & TITLE	DATE	
	FISCAI	FISCAL YEAR OF DESIGNATION:	