

#### THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY

### **Records Management**

Signature Authorization Form

### **Instructions for completing Signature Authorization Form**

- List the Department/Program.
- List the signature of the Department/Program Manager. The Manager is the custodian of the records for their area.
- List the signature of the Records Coordinators. These people act as a liaison between the Department/Program and the RM Program. The Records Coordinators are authorized to store, retrieve, and dispose records specific to the Department/Program.
- List signature(s) of each full-time staff member who may request storage, retrieval, and disposition of records in the absence of any Records Coordinator.
- If your Department does not have a unique record series assigned on the retention schedule, departments must complete a records inventory worksheet so that a record series can be assigned to the Retention Schedule

Note: Please email recordsmanagement@utrgv.edu for further assistance with inventory.

• The Division VP must approve if the Department/ Program Manager is also the Records Coordinator ONLY.

If you have any questions, comments or concern, please contact Records Management Office at

recordsmanagement@utrgv.edu

Brownsvile Campus Luis Hernandez at (956) 882-5965

Rodrigo Candaudap at (956) 882-5966

Vacant at (956) 882-5962

Edinburg Campus Jesus Gonzalez at (956) 665-2564

Viola Dominguez at (956) 665-2081 Francisco Ramirez at (956) 665-5029

Rev. 9/1/2023 State Records Series 1.2.000



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# **Records Management**

Signature Authorization Form

This form is used to appoint Records Coordinators and Records the signature(s) of Department's Records Owners, and the Owner's Records Coordinators for validating authorization of storage, retrival and disposition of records specific to the department/program. Information recorded on this form is compared against name and signatures on completed Records Work Orders and Disposition Logs. The Records Coordinators and their Alternates are also used as points of contact with the Departments.

Coordinators and their Alternates are also used	as points of contact with the Depart	tments.		
Department/Program (Please type)				
	Department / Program (please type)		Telephone Number	
The Department/Program Manager/Head is t	the authorized custodian of recor	ds for his/her specific area.		
Typed Name	Signature	E-mail Address	Date	
The designated Records Coordinators is assig as Records Coordinators and is authorized to			ns are assigned	
Typed Name		Signature	Initials	
Email Address	Date	Telep	hone	
Typed Name		Signature	Initials	
Email Address	Date	Telep	hone	
Typed Name		Signature	Initials	
Email Address	Date	Telepl	none	
Typed Name		Signature	Initials	
Email Address	Date	Telepl	none	
Typed Name		Signature	Initials	
Email Address	Date	Telepi	hone	
Department Director or Manager is also the Records	Coordinator			
Above Authority Approved:				
Typed Division Hea	d Name	Signature	Date	

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