## FORT WORTH ISD | FOR THE RECORD DISTRICT RECORDS MANAGEMENT



In implementing the Local Government Records Act, school personnel who are **Custodians of Records (COR)** shall cooperate with the District Records Management Department (DRM) in carrying out the policies and procedures established by the District for the efficient and economical management of records and in carrying out the requirements of the Act.

The designee will be the first contact for DRM, and will adequately document the transaction of District business and the services, programs, and duties for which they and their staff are responsible. Maintain the records in their care and carry out the preservation, microfilming, destruction, or other disposition of the records in accordance with the policies and procedures of the District's Records Management Program.

Department Name:  Department Head:  Office Phone Number:  Office Fax Number:  Primary Contact Title:  First Name:  Coffice Number:  Email:  Secondary Contact Title:  First Name:  Coffice Number:  Coffice Number:	Date:	
Office Phone Number:  Office Fax Number:  Primary Contact Title:  First Name:  Last Name:  Secondary Contact Title:  First Name:  Last Name:	Department Name:	
Office Fax Number:  Primary Contact Title:  First Name:  Last Name:  Secondary Contact Title:  First Name:  Last Name:	Department Head:	
Primary Contact Title:  First Name:  Office Number:  Email:  Secondary Contact Title:  First Name:  Last Name:	Office Phone Number:	
First Name:  Last Name:  Office Number:  Email:  Secondary Contact Title:  First Name:  Last Name:	Office Fax Number:	
First Name:  Last Name:  Office Number:  Email:  Secondary Contact Title:  First Name:  Last Name:		
Last Name:  Office Number:  Email:  Secondary Contact Title:  First Name:  Last Name:	Primary Contact Title:	
Office Number:  Email:  Secondary Contact Title:  First Name:  Last Name:	First Name:	
Secondary Contact Title:  First Name:  Last Name:	Last Name:	
Secondary Contact Title:  First Name:  Last Name:	Office Number:	
First Name:  Last Name:	Email:	
First Name:  Last Name:		
Last Name:	Secondary Contact Title:	
	First Name:	
Office Number:	Last Name:	
	Office Number:	
Email:	Email:	

Return Form To: District Records Management Department E-mail: RecordsManagement@fwisd.org