economical management of records and in carrying out the requirements of the Act. The designee will be the first contact for DRM.

Date:	
School Name:	
Principal Name:	

COR Primary Contact Title:	
First Name:	
Last Name:	
Email:	

COR Secondary Contact Title:	
First Name:	
Last Name:	
Email:	

Return Form to:

District Records Management Department

e-mail: RecordsManagement@fwisd.org