SACRAMENTO STATE

RM ACCESS AUTHORIZATION FORM

University Records Management Services
6000 J Street, Sacramento, CA 95819-6038
Phone: (916) 278-6312 Fax: (916) 278-5783
Email: recmgt@csus.edu

Department Name:
Date:
Name of Authorized Person*:
Direct Phone Number:
Fax:
Email:
Signature: X_____

Order Authorization
(Indicate with a "X" for all that apply)
Fax ____
Phone ____
Email ____
(University Records Management Services – Office Use Only)

* Person notated here is authorized on this account to make changes to the authorized user list.

Employee Name	Title / Position	Employee Signature	Email Address	Direct Phone #	Effective Date	Add	Remove