

Point of Contact Designation Form

_____ (“Institution”) has appointed _____
to be the CTDA Point of Contact for this Institution with the understanding that his person will
fulfill the following duties:

- Communicate with the CTDA staff and/or identify agent(s) to communicate on their behalf regarding CTDA issues on an as needed basis;
- Provide information to the Connecticut Digital Archive needed to set up and maintain CTDA services at the institution;
- Ensure all entities using CTDA programs and services at Institution comply with the CTDA Policies.

This form shall be renewed each year on or about July 1, or when the point of contact is changed.

Signed,

Institution

Connecticut Digital Archive

Authorized signature

Authorized Signature

Print Name

Print Name

Title

Title

Date

Date

Address 1

Address 2

Address 3

City

State

Zip code

Telephone