

Connecticut Digital Archive Point of Contact Designation Form

		("Institution") has appointed	$_{}$ to be the
	of Contact for th	is Institution with	n the understanding that his person will fulfi	ll the following
luties:				
•			taff and/or identify agent(s) to communicate	e on their
	_	•	on an as needed basis; nnecticut Digital Archive needed to set up ar	nd.
•		A services at the	•	iu
•			programs and services at Institution comply	with the
	CTDA Policies	= .	programs and services at metication comply	With the
he Point of	Contact for the	Institution can be	e reached at the following email address:	
his form sh	nall be renewed	each year on or a	bout July 1, or when the point of contact is c	changed.
Signed,				
Institution			Connecticut Digital Archive	
Authorized signature			Authorized Signature	
Print Name			Print Name	
Title			Title	
Date			Date	
Address	1	<u></u> .		
Address 2				
Address	3			
City	Sate	Zip code		
Telepho	ne			

Connecticut Digital Archive
405 Babbidge Road Unit 1205 Storrs, Connecticut 06269-1205

