|  |  |
| --- | --- |
| LVAlogo_B&WRecords Analysis Services800 E. Broad St., Richmond VA 23219 (804) 692-3600 | **Records Technician Access Authorization** (RM-26 Form 1/2025) |

The responsibilities of an authorized Records Technician include, but are not limited to:

* Complete and return by mail or other delivery an original, type-written, and signed Records Technician Access Authorization (RM-26) Form to the Library of Virginia (LVA).
* Thoroughly review and understand the instructions for the LVA’s online box management system in order to effectively use the system.
* Securely access the system and enter information for non-permanent records to facilitate the transfer of those boxed records to the LVA’s State Records Center (SRC).
* Assist the agency’s records officer (RO) in preparing and scheduling the boxes for transfer to the SRC.
* \*\*Systematically track agency boxes at the SRC for destruction eligibility and, in consultation with the RO, submit destruction requests for eligible boxes via the srcRM-3 Form\*\*.
* Help maintain system security by never sharing log-in credentials or allowing other-user access.

|  |  |  |
| --- | --- | --- |
| **1. State Agency / Locality / Local/Regional Authority /Entity****Agency Name** | **2. Department or Division** (if appropriate) **Department Name** | **2a. Sub-dept or Section** (if appropriate) **Sub-dept Name** |
| **3. Name of Incoming Records Technician** **First and Last Name** | **4. Job Title** **Job Title** |
| **5. Mailing Address, City, State, Zip Code** **PO Box 12345 SomeCity VA 12345** | **8. Choose one incoming status:****[x]  Replacement Records Tech** **Replacing: Old Tech's Name****[ ]  New Records Tech** **[ ]  Additional Records Tech** | **8a. For the listed:****[ ]  Agency / Locality / Local/Regional Authority/Entity (1)****[ ]  Department or Division (2)****[x]  Sub-Department or Section (2a)** |
| **6. Phone Number, with Direct Extension** **804-123-4567** |
| **7. E-mail** **someone@somewhere.ext** |

**We understand and accept the responsibilities of a Records Technician as outlined above.**

|  |  |  |
| --- | --- | --- |
| **9. Incoming Records Technician (Print)****Tech's Printed Name** | **Signature** | **Date**  **MM/DD/YYYY** |
| **10. Agency Head or Designee (Print)** **AH/D's Printed Name** | **Signature** | **Date**  **MM/DD/YYYY** |

**\*\*MAIL / DELIVER TYPE-WRITTEN FORM WITH ORIGINAL SIGNATURES TO THE ADDRESS IN TOP LEFT CORNER**