

**RECORDS RETENTION -
GILMORE SERVICES AUTHORIZED ACCESS
PERSONNEL AMENDMENT REQUEST**

Date: _____ Department Name: _____

Department #: _____ Account #: _____

Please **add** the following personnel to the list of those authorized to access records for this Department:

Name (Last, First, M.)	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please **remove** the following personnel from the list of those authorized to access records for this Department:

Name (Last, First, M.)

As acting representative for the above Department of the Escambia School District, I understand the meaning of this authorized personnel form and agree to maintain the integrity of the designated security codes.

It is understood and strictly enforced that only those individuals listed by this or previous authorizations will be authorized to request access to Escambia School District Records and any removed by this or previous authorizations will not.

Any additions or deletions to this authorized access will be submitted to Gilmore Services in writing.

Department Authorized Signature / Client Representative:

Date: _____