

Texas State Publications Depository Program
Organization & Publications Liaison Update Form

POLICY STATEMENT: State agencies and institutions of higher education are required by the State Depository Law (*Texas Government Code* §441.101-106) to designate one or more liaisons to the Texas State Publications Depository Program. This person is responsible for reporting the existence of publications and sending them to the Program, providing information about and resolving problems related to them, and negotiating exemptions.

INSTRUCTIONS: Complete this form by supplying the information requested below. **Fax this completed form to 512-936-2306, or return it to:** Texas State Publications Depository Program, Texas State Library Room 307, 1201 Brazos, Austin, TX 78701 or P.O. Box 12927, Austin, TX 78711. **If you have questions, or if you believe your agency needs to designate multiple liaisons, contact the Program Coordinator at 512-463-5434.**

GENERAL AGENCY INFORMATION

Name of State Agency, Institution of Higher Education, or Other Organization

Department, Area, or Subdivision (if applicable)

U.S. Address

Please include city, state & zip code

Interagency Address (if applicable)

Please include city, state & zip code

Web Site Address

Main Telephone Number

Main Fax Number

Please include area code

CHIEF EXECUTIVE OFFICER OR DIRECTOR INFORMATION

Salutation: Ms. Mrs. Miss Mr. Dr.

First Name

Last Name

Title

E-mail Address

Continued on reverse

Texas State Publications Depository Program

Publications Liaison Form

(Page 2 of 2)

PRINT PUBLICATIONS LIAISON INFORMATION

Salutation: Ms. Mrs. Miss Mr. Dr.

First Name

Last Name

Department, Area or Subdivision (if applicable)

Title

E-mail Address

Direct Telephone Number

Fax Number (if different from above)

Interagency Address (if different from above)

Please include city, state & zip code

ELECTRONIC PUBLICATIONS LIAISON INFORMATION

Check this box if the electronic publications liaison is the same as the print liaison

Salutation: Ms. Mrs. Miss Mr. Dr.

First Name

Last Name

Department, Area or Subdivision (if applicable)

Title

E-mail Address

Direct Telephone Number

Fax Number (if different from above)

Interagency Address (if different from above)

Please include city, state & zip code

Agencies and institutions may copy and use this form to update the Texas State Library regarding changes in location, name, liaison, etc. Return the completed form via mail (address provided on the reverse) or via fax to 512-936-2306. This form is also available from www.tsl.state.tx.us/statepubs.