



REQUEST FOR REVISION OF MULTIPLE STATE FORMS

State Form 53963 (R3 / 5-22)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION

- INSTRUCTIONS:**
1. Use this form when making the same change to multiple State forms (e.g. only the agency's address is being updated on ten forms)
 2. Fill out the Agency Information and Form Information sections.
 3. Provide a brief description of the change (e.g. Update 123 Main Street to 456 Main Street)
 4. List all forms your agency is submitting. If you need additional space, make as many copies as necessary of the second page.
 5. Designer: Indicate whether IARA or your agency is the designer of each form.
 6. Access: Indicate the State Forms Catalog access level. P = general public; S = State employees; R = restructured to your agency; N = not searchable.
 7. Format: Indicate the desired format. Fillable PDF; Non-fillable PDF; Fillable Word; Non-fillable Word.
 8. If your agency is the designer, attach a revised copy in each desired format and a copy of each form with changes that were made indicated. If IARA is the designer, attach a copy of each form with changes to be made indicated.

| AGENCY INFORMATION | | | |
|--|---------------------------------------|------------------|-------------------------------|
| Printed name of requestor | Signature of requestor | Telephone number | Date (month, day, year) |
| Name and address of agency (room number, street, city, and ZIP code) | | | Agency number (Business Unit) |
| Printed name of agency forms coordinator | Signature of agency forms coordinator | Telephone number | Date (month, day, year) |
| Printed name of agency supervisor | Signature of agency supervisor | Telephone number | Date (month, day, year) |

| FOR INDIANA ARCHIVES AND RECORDS ADMINISTRATION USE ONLY | | |
|--|--------------------------------|---------------------------------|
| Name of IARA evaluator | Date received (mm / dd / yyyy) | Date finalized (mm / dd / yyyy) |
| Comments: | | |
| | | |

| FORM INFORMATION | | | | |
|-----------------------|---------------|----------|--------|--------|
| Description of change | | | | |
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| State Form Number | Title of Form | Designer | Access | Format |
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