Update Account Contacts

FEDLINK ID: **Form Date:**

INSTRUCTIONS

Use this form to update or add contacts to a FEDLINK account. If you have questions, or need assistance completing this form, email fliccffo@loc.gov or call (202) 707-4900. (Change additional addresses on page 2.)

- **Official IAA Contact** (The IAA contact receives the Interagency Agreement (IAA), delivery orders, and account statements and other mailings. Accounts must have one official Interagency Agreement contact.)
- **Agency Contracting Officer** (Procurement officers support agency use of FEDLINK and its required processes, procedures, and contracting responsibilities.)
- **Library Management Contact** (Directors and managers assign official IAA contact.)
- **Additional Library Contact** (Library staff support the IAA contact.)

Choose One Option:

- ◯ Change/Update Official IAA Contact
- ◯ Change/Update Agency Contracting Officer
- ◯ Change/Update Library Management Contact
- ◯ Change/Update Additional Library Contact

FIRST NAME: **LAST NAME:**

TITLE: **AGENCY:**

MAILING ADDRESS:

CITY: **STATE:** **ZIP:**

PHONE: **FAX:** **EMAIL:**

SIGNATURE/SUBMIT

By signing and submitting this form to FEDLINK, you are updating the FEDLINK record for your agency. **When completed and signed, email this form to fliccffo@loc.gov.**

Electronic Signature
(FEDLINK will also accept
accept forms scanned with
original signature.)

FEDLINK LIBRARY OF CONGRESS

Update Account Contacts
Additional Contact Changes

Choose One Option:

- ◯ Change/Update Official IAA Contact Change/Update
- ◯ Agency Contracting Officer Change/Update Library
- ◯ Management Contact Change/Update Additional
- ◯ Library Contact

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____ **AGENCY:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

Choose One Option:

- ◯ Change/Update Official IAA Contact Change/Update
- ◯ Agency Contracting Officer Change/Update Library
- ◯ Management Contact Change/Update Additional
- ◯ Library Contact

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____ **AGENCY:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____