

AUTHORIZATION TO RELEASE PERSONAL INFORMATION OF  
CURRENT AND FORMER BOARD MEMBERS

Board member name: \_\_\_\_\_

The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep personal information confidential. Unless you choose to keep it confidential, the following information may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

	Allow Public Access	
Home Address	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Personal E-mail Address	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Home Phone Number	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Personal Cell Phone Number	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Emergency Contact Information	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Information That Reveals Whether You Have Family Members	<input type="checkbox"/> No	<input type="checkbox"/> Yes

This form should be completed and signed by a current Board member no later than the 14th day after the date the Board member is elected or appointed or after a former Board member ends service.

Board member signature: \_\_\_\_\_

Date: \_\_\_\_\_