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Exhibit A—Sample Election of Confidentiality for Certain Personal Information (School Board Members as Authorized under Public Information Act (PIA), Government Code 552.117 and 552.024)

Board member name: _____

Last/current term of service: _____

Instructions for filling out the form:

The Texas Public Information Act (PIA) allows current and former Board members to choose to keep certain information about them confidential from the public under certain circumstances. The District may only redact information in accordance with the PIA. Under Government Code 552.024, current and former Board members, whether elected or appointed, may choose whether the District releases the certain personal information, subject to other laws. If you choose to keep certain personal information about you confidential, your information may be withheld by the District when requested under the PIA, provided the District also provides the requester a notice form from the attorney general's website and complies with the PIA.

In accordance with Government Code 552.024, your choice of confidentiality must be made prior to the District's receipt of a request for the information. Your timely completion of this election of confidentiality form will assist the District in making automatic redactions without requesting an attorney general's ruling under Government Code 552.024.

Therefore, please indicate below whether you wish to allow public release of the following information:

Home address:

- Yes
- No

Home phone number:

- Yes
- No

Personal cell phone number (not paid for or reimbursed by District funds):

- Yes
- No

Emergency contact information:

- Yes
- No

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Social Security Number:

- Yes
- No

Information that reveals whether you have family members. For this form, a "family member" means your spouse, minor child, or adult child who resides in your home:

- Yes
- No

Regardless of your written choice, the District may be required to release this information if otherwise required by law, subpoena, or court order.

Board member signature: _____

Date: _____

**Exhibit B—Sample Election of Confidentiality for
Certain Personal Information
(Any Individual Authorized under Public Information Act (PIA),
Government Code 552.1175)**

Name of individual electing restriction: _____

Position or status claimed as authorization to restrict public access: _____

The Texas Public Information Act (PIA) allows individuals specified under Government Code 552.1175, which includes elected public officers, to choose to restrict public access to the following personal information held by the District in a non-employment capacity: information that relates to the individual's home address, home telephone number, personal cellular phone number, emergency contact information, date of birth, social security number, or that reveals whether the individual has family members. To choose this restriction, the individual must notify the District of the individual's choice, accompanied by evidence of the individual's qualifying status to choose confidentiality. The District provides this form solely for this purpose.

Completing this form will allow the District to make automatic redactions to your information without requesting an attorney general's ruling, in accordance with Government Code 552.1175. This election of confidentiality may be made at any time before or after the District's receipt of a request for the information. Regardless of this election, the District may be required to release this information if otherwise required by law, subpoena, or court order.

Prior to completing this form, please review the current list of qualifying individuals under Government Code 552.1175 to confirm that you are eligible to complete this form and attach a copy of any evidence qualifying you for the claimed status. Indicate below whether you wish to allow public release of the following information:

Home address:

- Yes
- No

Home phone number (including personal cell phone number):

- Yes
- No

Date of Birth:

- Yes
- No

PUBLIC INFORMATION PROGRAM
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(EXHIBIT)

Social Security Number:

Yes

No

Emergency contact information:

Yes

No

Information that reveals whether you have family members:

Yes

No

Signature: _____

Date: _____