

**TEXAS ASSOCIATION OF SCHOOL BOARDS (TASB)
ENDORSEMENT FORM**

Date: _____

Dr. Faye Beaulieu, Chair
TASB Nominations Committee
P. O. Box 400
Austin, Texas 78767-0400

Dear Dr. Beaulieu:

This form is to be used to endorse a nominated individual from a BOARD within your TASB Region who has completed the **Tuesday, June 30, 2015**, requirements.

Endorsements will only be accepted if acted on from July 3 to August 31. Must be received in the TASB Austin Headquarters on or before Monday, August 31, 2015.

Our school board endorses the candidacy of the following individual nominated to fill a position on the TASB Board of Directors.

CANDIDATE INFORMATION

NAME: _____

SCHOOL DISTRICT: _____

MAILING ADDRESS: _____

CITY: _____, TEXAS ZIP: _____

This endorsement was approved by our school district's board of trustees at a duly called meeting on

_____.

(Date)

Best regards,

(BOARD PRESIDENT)

NAME: _____

SCHOOL DISTRICT: _____

MAILING ADDRESS: _____

CITY: _____, TEXAS ZIP: _____

**Must be received in the TASB Austin Headquarters on or before
MONDAY, AUGUST 31, 2015.**

RETURN TO:

TASB

Attn: Board and Management Services

P.O. Box 400

Austin, Texas 78767-0400

E-mail: susan.tabbee@tasb.org

FAX: (512) 467-3554