

ENDORSEMENT FORM

Date _____

Sarah Winkler, Chair
 TASB Nominations Committee
 P. O. Box 400
 Austin, Texas 78767-0400

This form to be used to endorse a nominated individual from a BOARD within your TASB Region who has completed the June 30, 2011 requirements.

Endorsements will only be accepted if acted on from JULY 3 to AUGUST 29. Must be received in the TASB Austin office on or before AUGUST 29, 2011

Dear Ms. Winkler:

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)

Sincerely,

(BOARD PRESIDENT)

NAME: _____

SCHOOL DISTRICT: _____

MAILING ADDRESS: _____

CITY: _____, TEXAS ZIP _____

Must be received in the TASB Austin office on or before AUGUST 29, 2011

RETURN TO:
TASB, Attn: Management Services
P.O. Box 400, Austin, Texas 78767-0400
or FAX (512) 467-3554