

**TASB ENDORSEMENT FORM**

DATE: _____

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: _____ ZIP: _____

This nomination was approved by our board of trustees at a duly called meeting on _____.
(Date)

Best regards,

(Signature of board president or officer)

NAME: _____

SCHOOL DISTRICT: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

This form to be used to endorse a member of your Local Board as a candidate to fill a position on the TASB Board of Directors.

**Must be received in the TASB Austin Headquarters on or before
Monday, August 29, 2016.**

RETURN TO: TASB, Inc.
Attn: Board and Management Services
P.O. Box 400
Austin, Texas 78767-0400
E-mail: susan.tabbee@tasb.org
FAX: 512.467.3554