

REQUIRED RECORDS

EMER COUNTY

District Name

068901

Co.-Dist. No.

Texas Education Agency National School Lunch and Child Nutrition Programs

Certificate of Authority/Request for CNPIMS Access

This is to certify that the school official whose name, title, address and signature are indicated below has been designated by the Board of Trustees as the designated Authorized Representative; and is empowered to enter into any agreement with the Texas Education Agency, which may be a prerequisite to the installation or continuing operation of one or more of the National School Lunch and Child Nutrition Programs; and may act for said Board in all matters relating to the above named programs including the preparation and signing of all documents pertaining to said Programs.

This action was taken at the meeting of said Board on _____ and is recorded in the minutes thereof.
(Date)

Replace ☒

Remove ☐

Add ☐

Old User Name: RON CLARK

Address: 1120 W. 10TH STREET

Title: FOOD SERVICE DIRECTOR

ODESSA, TEXAS 79763

USER ID: 1068901a

Phone Number: (432) 334-5228

New User Name: TERLY GARCIA

Address: 1120 W. 10TH STREET

Title: FOOD SERVICE DIRECTOR

ODESSA, TEXAS 79763

Phone Number: (432) 334-5229

Primary AR ☒

Alternate ☐

FSMC ☐

TERLY GARCIA
Signature of Applicant

7/14/04
Date

Name of Superintendent or President of Board

Date

Signature of Superintendent or President of Board

TEA INTERNAL USE ONLY

Child Nutrition Division, Director

Date

REQUIRED RECORDS

Ector County

District Name

068901

Co.-Dist. No.

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National School Lunch and Child Nutrition Programs

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(Date)

Replace ☒

Remove ☐

Add ☐

Old User Name: TELLA GOODIN

Address: 1120 W. 10TH ST.

Title: ASST. DIRECTOR - FOOD SERVICE

ODESSA, TEXAS 79763

USER ID: 0689016

Phone Number: (432) 334-5229

New User Name: MICHELLE WEAVER

Address: 1120 W. 10TH ST

Title: SPECIALIST - FOOD SERVICE

ODESSA, TEXAS 79763

Phone Number: (432) 334-5228

Primary AR ☐

Alternate ☒

FSMC ☐

Michelle Weaver

Signature of Applicant

7-14-04

Date

Name of Superintendent or President of Board

Date

Signature of Superintendent or President of Board

TEA INTERNAL USE ONLY

Child Nutrition Division, Director

Date

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This action was taken at the meeting of said Board on _____ and is recorded in the minutes thereof.
(Date)

Replace ☐

Remove ☐

Add ☒

Old User Name: _____

Address: _____

Title: _____

USER ID: _____

Phone Number: _____

New User Name: Bruce Revell

Address: 802 N Sam Houston

Title: Assistant Superintendent for Finance
and Business Operations

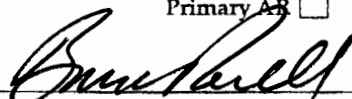
Odessa, Texas 79761

Phone Number: 432/334-7119

Primary AR ☐

Alternate ☒

FSMC ☐

X 
Signature of Applicant

July 14, 2004

Date

Name of Superintendent or President of Board

Date

Signature of Superintendent or President of Board

TEA INTERNAL USE ONLY

Child Nutrition Division, Director

Date