

ENDORSEMENT FORM

Date _____

Renard Thomas, Chair
TASB Nominations Committee
P. O. Box 400
Austin, Texas 78767-0400

Dear Mr. Thomas:

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

CANDIDATE INFORMATION

JAMES R. DE GARAVILLA
SILSBEE INDEPENDENT SCHOOL DISTRICT
415 HWY 327 WEST
SILSBEE, TX 77656

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 _____

This form to be used to endorse a nominated individual from a BOARD within your TASB Region who has completed the June 30, 2009 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, 2009

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RETURN TO:
TASB, Attn: Management Services
P.O. Box 400, Austin, Texas 78767-0400
FAX (512) 497-2554