

ENDORSEMENT FORM

Date _____

Viola Garcia, 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, 2014 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, 2014

Dear Mrs. Garcia:

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

CANDIDATE INFORMATION

NAME: Debbie Gillespie

SCHOOL DISTRICT: Frisco ISD

MAILING ADDRESS: 6236 Chamberlyne Dr

CITY: Frisco, TEXAS ZIP 75034

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, 2014

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