



# 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: \_\_\_\_\_

**\*\*Board action must be taken no earlier than May 12, 2025, and no later than August 1, 2025\*\***

This endorsement was approved by our school district's board of trustees at a duly called meeting on

\_\_\_\_\_  
(Date)

Best regards,

\_\_\_\_\_  
(Signature of board president or officer)

PRINTED NAME: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

This form is to be used to endorse a nominated individual from a board of trustees within your TASB Region who is a timely candidate for a position on the TASB Board of Directors.

**Must be received by TASB on or before AUGUST 1, 2025.**

**RETURN TO: E-mail: [boardcommunications@tasb.org](mailto:boardcommunications@tasb.org)**