

REFUGIO ISD AUTHORIZATION FOR RELEASE/CLOSURE OF PERSONAL INFORMATION 2020-21

Name:		Address:	
Home Phone Number: _____		Birthdate:	
Cell Phone Number: _____			
<p>The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep their personal information confidential. Unless you choose to keep it confidential, the following information may be subject to public release if requested under the Texas Public Information Act.</p> <p><i>This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment.</i></p>			
Assigned School(<i>circle one</i>)		RHS	RJHS
RES		Assignment:	
Type of Certification:		Total Years Teaching:	
Degree _____	Date _____	Major _____	
Where _____		Minor _____	
Degree _____	Date _____	Major _____	
Where _____		Minor _____	
Please indicate whether you wish to allow public release of the following information:		No to all <input type="checkbox"/>	Yes to all <input type="checkbox"/>
Home Address		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Phone Number		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal Cell Phone Number		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Degree		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Certification		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Email address		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Birthdate		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Employee Signature		Date	