

AUTHORIZATION FOR RELEASE/CLOSURE OF PERSONAL INFORMATION

Name _____ Employee Number _____

The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep 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. Therefore, please indicate whether you wish to allow public release of the following information.

Allow Public Access

Home Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal E-mail 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"/>
Social Security Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Information that reveals whether you have family members	No <input type="checkbox"/>	Yes <input type="checkbox"/>

This form should be completed and signed by the employee no later than 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service.

Employee Signature _____ Date _____