

PUBLIC ACCESS INFORMATION OPTION FORM

Name _____ Employee number _____

The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you 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:

| | <u>Public Access?</u> | |
|---|-----------------------------|------------------------------|
| Home Address | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Home Telephone 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 the 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 _____