

Table of Contents

[Exhibit A—Sample Election of Confidentiality for Certain Personal Information \(School Board Members as Authorized under Public Information Act \(PIA\), Government Code 552.117 and 552.024\)](#)

[Exhibit B—Sample Election of Confidentiality for Certain Personal Information \(Any Individual Authorized under Public Information Act \(PIA\), Government Code 552.1175\)](#)

Exhibit A—Sample Election of Confidentiality for Certain Personal Information (School Board Members as Authorized under Public Information Act (PIA), Government Code 552.117 and 552.024)

Note to administrator: This election of confidentiality form must be completed and signed by a current Board member no later than the 14th day after the date the Board member is elected or appointed or by a former Board member no later than the 14th day after ending service. The Board member must choose on this form whether to allow public access to the information in the custody of the District that relates to the person's home address, home telephone number, personal cellular phone number, emergency contact information, or social security number, or that reveals whether the Board member has family members. If a Board member does not submit this written election form in a timely manner prior to the District's receipt of a records request for the information, the District should consult a school attorney to determine whether the information may be disclosed or withheld. For District employees, including those who are elected public officials of other governmental bodies, an Employee's Confidentiality Form can be found in the [HR Services HR Library](#).¹

Board member name: _____

Last/current term of service: _____

Instructions for filling out the form:

The Texas Public Information Act (PIA) allows current and former Board members to choose to keep certain information about them confidential from the public under certain circumstances. The District may only redact information in accordance with the PIA. Under Government Code 552.024, current and former Board members, whether elected or appointed, may choose whether the District releases the certain personal information, subject to other laws. If you choose to keep certain personal information about you confidential, your information may be withheld by the District when requested under the PIA, provided the District also provides the requester a notice form from the attorney general's website and complies with the PIA.

In accordance with Government Code 552.024, your choice of confidentiality must be made prior to the District's receipt of a request for the information. Your timely completion of this election of confidentiality form will assist the District in making automatic redactions without requesting an attorney general's ruling under Government Code 552.024.

Therefore, please indicate below whether you wish to allow public release of the following information:

Home address:

- Yes
 No

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Home phone number:

- Yes
- No

Personal cell phone number (not paid for or reimbursed by District funds):

- Yes
- No

Emergency contact information:

- Yes
- No

Social Security Number:

- Yes
- No

Information that reveals whether you have family members. For this form, a "family member" means your spouse, minor child, or adult child who resides in your home:

- Yes
- No

Regardless of your written choice, the District may be required to release this information if otherwise required by law, subpoena, or court order.

Board member signature: _____

Date: _____

**Exhibit B—Sample Election of Confidentiality for
Certain Personal Information
(Any Individual Authorized under Public Information Act (PIA),
Government Code 552.1175)**

Name of individual
electing restriction: _____

Position or status claimed
as authorization to restrict
public access: _____

The Texas Public Information Act (PIA) allows individuals specified under Government Code 552.1175, which includes elected public officers, to choose to restrict public access to the following personal information held by the District in a non-employment capacity: information that relates to the individual's home address, home telephone number, personal cellular phone number, emergency contact information, date of birth, social security number, or that reveals whether the individual has family members. To choose this restriction, the individual must notify the District of the individual's choice, accompanied by evidence of the individual's qualifying status to choose confidentiality. The District provides this form solely for this purpose.

Completing this form will allow the District to make automatic redactions to your information without requesting an attorney general's ruling, in accordance with Government Code 552.1175. This election of confidentiality may be made at any time before or after the District's receipt of a request for the information. Regardless of this election, the District may be required to release this information if otherwise required by law, subpoena, or court order.

Prior to completing this form, please review the current list of qualifying individuals under Government Code 552.1175 to confirm that you are eligible to complete this form and attach a copy of any evidence qualifying you for the claimed status. Indicate below whether you wish to allow public release of the following information:

Home address:

- Yes
- No

Home phone number (including personal cell phone number):

- Yes
- No

Date of Birth:

- Yes
- No

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Social Security Number:

- Yes
- No

Emergency contact information:

- Yes
- No

Information that reveals whether you have family members:

- Yes
- No

Signature: _____

Date: _____

¹ HR Services HR Library: <https://www.tasb.org/services/hr-services/member-resources.aspx>