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Public Access Option Form

(Please print)

Last Name: _____ First Name: _____ Middle Initial: ____

Social Security Number / Temporary ID Number: _____

Start Date: _____ Department: _____

The Public Information Act allows employees, public 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.

Public Access?	Please Check
Home Address/Home Telephone Number	Yes___ No ___
Social Security Number	Yes___ No ___
Information that reveals whether you have family members	Yes___ No ___

(Signature)

(Date)