

## Employee Election: To Allow Public Access to Certain Information

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**Per Section 552.024 of the Texas Government Code**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**I have marked an (x) to indicate my preference:**

**ALLOW ACCESS**

**DO NOT ALLOW ACCESS**

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Home Address

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Home Telephone Number

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Social Security Number

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Information that Reveals  
Whether I Have Family Members

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Emergency Contact Information

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A photocopy or facsimile of this authorization will be as valid as an original thereof, even without an original writing of my signature.

Signature: \_\_\_\_\_