

See the following for sample forms related to authorization to release personal information:

Exhibit A: Authorization for Release of Personal Information of Employee—1 page

Exhibit B: Crime Victim Authorization for Release of Personal Information—1 page

Exhibit C: State-Required Notice When Teacher Lacks Credentials—1 page

Exhibit D: Federally Required Notice When Teacher Lacks Credentials—1 page

EXHIBIT A

SAN FELIPE DEL RIO
Consolidated Independent School District



P.O. DRAWER 428002

DEL RIO, TEXAS 78842

AUTHORIZATION FOR RELEASE OF PERSONAL
INFORMATION OF EMPLOYEE

First Name: _____ Date of Birth: ____ / ____ / ____
Middle Name: _____ SSN: ____ - ____ - ____
Last Name: _____ Driver's License#: _____
Maiden Name: _____ State: ____ Exp. Date: ____ Class: ____
Mailing Address: _____ Apt: ____
City/State/ZIP: _____
1st Phone Number: (____) _____ 2nd Phone 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	<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal e-mail address	<input type="checkbox"/> No <input type="checkbox"/> Yes
Home phone number	<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal cell phone number	<input type="checkbox"/> No <input type="checkbox"/> Yes
Emergency contact information	<input type="checkbox"/> No <input type="checkbox"/> Yes
Information that reveals whether you have family members	<input type="checkbox"/> No <input type="checkbox"/> Yes

This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment or a former employee ends employment.

Gender: () Female () Male Ethnicity: () Hispanic/Latino () Not Hispanic/Latino

Race: **(YOU MAY SELECT MORE THAN ONE)**
() American Indian or Alaska Native () Asian () White () Black or African American () Native Hawaiian/Other Pacific Islander

Former full time employee with the SFDRCISD. () Yes () No

Signature: _____ Date: _____

EXHIBIT B



CRIME VICTIM AUTHORIZATION FOR RELEASE
OF PERSONAL INFORMATION

Note: If the employee fails to fill out this form, the identifying information will be excepted from disclosure until the third anniversary of the date the crime was committed. In case of disability, impairment, or other incapacity of the employee, the election may be made by the guardian of the employee or former employee. *Gov't Code 552.132(e)*

I, _____ (*employee's name*), am a victim of a crime that falls under Subchapter B, Chapter 56, Code of Criminal Procedure, that occurred on _____ (*date*). I elect to not allow public access to information that would identify or tend to identify me, including a photograph or other visual representation of me.

Employee's signature: _____

Date: _____

EXHIBIT C

STATE-REQUIRED NOTICE WHEN TEACHER LACKS CREDENTIALS

_____ (date)

Dear parent:

Texas law requires that a parent be notified if an inappropriately certified or uncertified teacher is assigned to the same classroom for more than 30 consecutive instructional days during the same school year. Please be advised that your child's (*teacher or substitute teacher*) in _____ (*specify subject or grade*) does not currently have the appropriate credentials for the assignment.

Although the individual assigned to this class does not have the appropriate certificate or license, we do believe that _____ (*teacher's name*) is qualified to teach in this assignment. ***[Include relevant qualifications of the instructor, if applicable.]***

Our staffing decisions are made to provide the best-qualified person available for each class. In addition, the campus administrators will be evaluating each teacher's performance in the classroom to ensure that your child receives quality instruction.

[Include the following sentence, if applicable.]

We expect this teaching assignment to continue until your child's regular classroom teacher returns from a leave of absence.

If you have any questions regarding your child's teacher assignment, please feel free to call _____ (*designated contact person*) at _____ (*phone number*).

Sincerely,

Principal

EXHIBIT D

FEDERALLY REQUIRED NOTICE WHEN TEACHER LACKS CREDENTIALS

_____ (date)

Dear parent:

Federal law requires that parents be notified when a student has been assigned to or has been taught for four or more consecutive weeks by a teacher who does not meet applicable state certification or licensure requirements at the grade level and subject area in which the teacher has been assigned. Please be advised that your child's (*teacher or substitute teacher*) in _____ (*specify subject or grade*) does not currently have the appropriate credentials for the assignment.

Although the individual assigned to this class does not have the appropriate certificate or license, we do believe that _____ (*teacher's name*) is qualified to teach in this assignment. **[Include relevant qualifications of the instructor, if applicable.]**

Our staffing decisions are made to provide the best-qualified person available for each class. In addition, the campus administrators will be evaluating each teacher's performance in the classroom to ensure that your child receives quality instruction.

[Include the following sentence, if applicable:]

We expect this teaching assignment to continue until your child's regular classroom teacher returns from a leave of absence.

If you have any questions regarding your child's teacher assignment, please feel free to call _____ (*designated contact person*) at _____ (*phone number*).

Sincerely,

Principal