TASB Account Authorization Form

Use this form to request access to TASB member and affiliated entity resources and services for yourself or an employee in your district or organization. You can also use this form to request a change to the district or organization associated with your account.

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name: _____ MI: _____ Last Name: _____

Job Title: _____ Start Date: _____

Organization: _____

Email Address: _____

Is this person new to your organization? ☐ Yes ☐ No

If yes, name of previous organization: _____

Is this person replacing an employee in your organization? ☐ Yes ☐ No

Name of person being replaced: _____

Is the person being replaced still with your organization? ☐ Yes ☐ No

I understand it is my responsibility to notify TASB if the above referenced person is no longer employed with our organization and, therefore, no longer needs authorities.

Through the execution of my signature below, I am authorizing this change to our organization's TASB records and my TASB access.

Authorized by: _____ _____

Name *Title*

_____ _____

Authorized Signature *Date*

TASB™