

TASB Account Authorization Form

Complete this form for a new or existing employee in your organization who needs access to TASB member and TASB affiliated entity resources and services.

Dr. Mr. Mrs. Ms. Other _____

First Name: _____ MI: _____ Last Name: _____

Job Title: _____ Start Date: _____

Organization: _____

E-mail 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: _____

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 myTASB access.

Authorized by: _____
Name *Title*

Authorized Signature *Date*

