

Custodian of Records  
Jim Ned CISD



I, the undersigned, wish that the following information not be made public through the public information act:

- 1.) Home Address
- 2.) Telephone Number (Home, Cell)
- 3.) Social Security Number

Employee Name: \_\_\_\_\_  
Please print

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

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