BOARD MEMBERS AUTHORITY BBE (EXHIBIT)

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CBC Board Member Request For Information, Documents, and Records

Please note: The Administration will comply with requests for information in accordance with law, Board policy, Board operating procedures, and administrative regulations.

The following form should be filled out completely by an individual Board member requesting a College District record when the request is made in his or her official capacity.

Boa	rd Member Name:	
Date	e of Request:	
Ema	ail Address:	
Phone Number:		
Please check the category/categories listed in Board policy BBE(LOCAL) that apply to the information you seek:		
	Fiscal Affairs	
	Business Transact	tions
	Governance	
	Personnel Matters	

DATE ISSUED: 10/29/2021

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BOARD MEMBERS
AUTHORITY

BBE (EXHIBIT)

Please provide below a description of the information requested, and describe the reason you are requesting the information. Include enough detail to enable the Administration to accurately identify and locate the information requested.
Once complete, please submit this form to the Executive Assistant to the President and Secretary to the Board ¹ , with a copy submitted to the College President.
PLEASE SIGN BELOW
I certify that I am requesting the above records in my official capacity as a Board member and that the information requested pertains to College District fiscal affairs, business transactions, governance, and/or personnel matters, in accordance with Board policy BBE(LOCAL).
Board Member Signature:

 $^{\rm 1}$ Executive Assistant to the President and Secretary to the Board: $\underline{\tt agarcia@coastalbend.edu}$

DATE ISSUED: 10/29/2021

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