

Sunset Advisory Commission Witness Affirmation Form

(This form must be submitted in person to Sunset staff on June 24 or 25, 2014)

Testifying on:

University Interscholastic League (UIL)

(Please designate a primary agency of your testimony. You may testify on any of the agencies below within the designated time limited determined by the Chair, but selection of one primary agency is *required* for organizational purposes.)

Department of Aging and Disability Services (DADS)

Department of Family and Protective Services (DFPS)

Department of Assistive and Rehabilitative Services (DARS)

Department of State Health Services (DSHS)
Texas Health Care Information Council

Appearing on behalf of:

State Agency _____

Self _____

Association or Group _____

Please specify:

Oral Testimony _____

Oral Testimony with written handout** _____

Resource Only _____

PLEASE PRINT LEGIBLY

** Name: _____

** Title: _____

** Organization: _____

** Address: _____

** Phone: _____

E-mail Address: _____

(To be used for future correspondence from our agency)

**** This information is subject to disclosure under the Public Information Act. Written testimony received in response to a staff report is considered public record, and will be posted on the Sunset website and released to the public upon request.**

I hereby certify that I have read and understand the above, that the information is correct, and the testimony I give before this body will be true and accurate.

Testimony is limited to 3 minutes.
(As determined by the Chair)

(Signature of Witness) Date

In your testimony, please summarize your points, not repeating the testimony of previous witnesses. You may provide additional written comments to the Sunset staff within three business days of the hearing. These proceedings are recorded and testimony is summarized for the Commission to use in its decisions.