

**Garland ISD Supporting Organizations
Confirmation of Financial Information
School Year 20____ - 20____**

Name of Organization: _____

Campus Affiliation: _____

Accounting Period: _____

I hereby certify that the information attached is true and correct to the best of my knowledge. Furthermore, I understand that although supporting organizations may be considered a separate entity, the District is requesting this financial information in order to comply with GASB Statement No. 39 of the Governmental Accounting Standards Board.

President's Printed Name

Treasurer's Printed Name

President's Signature

Treasurer's Signature

Date

Date