Laura Williams
Director of Purchasing Services
956-657-4480

DISTRICT REFERENCE FORM

Please complete this reference form for the following firm/company:

Respondent shall obtain a minimum of three (3) different references from other Texas K-12 public school districts for similar services.

Name of Business _____ **Contract Term** _____

1. The quality of the firm's service. ☐ Excellent ☐ Good ☐ Fair ☐ Poor

   Comments: _____

2. Timeliness of project. ☐ Excellent ☐ Good ☐ Fair ☐ Poor

   Comments: _____

3. Will you continue doing business with this vendor? ☐ Yes ☐ No

   Why or why not? _____

4. How satisfied is your organization? ☐ Satisfied ☐ Not satisfied

   Comments: _____

5. Has this vendor done any Edge routing or core switching for your organization? ☐ Yes ☐ No

6. On a scale of 1 to 10 (10 = exceptional), how would you rate their overall performance in delivering the project? _____

   Comments: _____

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Reference prepared by:

Name of Organization	
Name	Signature
Title	Email Address
Phone Number	Date Completed