**Permission to Serve as a Student Election Judge 2018**

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| --- | --- | --- |
| **Student name (as printed on Social Security card)** | | |
| First name | Middle name | Last name |
| **Home address** | | |
| Street Apt. number | | |
| City | County | Zip code |
| **School information** | | |
| School name | | Grade |
| **Student contact information** | | |
| Email | Cell phone | Home phone |
| **Family contact information** | | |
| Email | Cell phone | Home or work phone |

**I give my student permission to attend a training session and serve as a Student Election Judge in these elections (mark one or both):**

**\_\_\_\_\_\_** Primary Election, August 14, 2018

**\_\_\_\_\_\_** General Election, November 6, 2018

I understand I am responsible to provide my student with transportation for training and the assigned polling place.

**My student meets all the following requirements:**

* U.S. citizen.
* Lives in Douglas County.
* Will be at least 16 years old on Election Day.
* Can read, write, and speak English.
* Is in good academic standing.
* Will complete the required training course.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian signature Printed name Date

**Do you have a close relative who is an election judge or a candidate for office? Let us know so we can place your student in a different precinct.**

Do you have a relative running for office? No \_\_\_ Yes \_\_\_\_ Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a relative serving as an election judge? No \_\_\_\_ Yes \_\_\_\_ Name of relative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this completed form to:**

**Mail:** City of Alexandria, Student Elections, 704 Broadway St, Alexandria MN 56308

**Email:** lwest@alexandriamn.city **Fax:** 320-763-3511