

TEACHER TRANSMITTAL FORM

Teachers, please include this form as a cover sheet every time you submit SEOP Applications.

High School Name: _____
Address: _____
City: _____ Zip: _____

Teacher: Name: _____
Contact Number: _____
Fax Number: _____
E-mail Address: _____

NUMBER OF STUDENT APPLICATIONS SUBMITTED: _____

PLEASE REVIEW THE INCLUDED APPLICATIONS TO ENSURE:

- 1) Parent, student and teacher signatures are included
- 2) The student meets requirements
- 3) The student has completed all fields
- 4) All applications are numbered on the upper right hand corner according to the order in which they were received

Students will be mailed an appointment letter when they are assigned to a polling place.

RETURN TO:	San Joaquin County Registrar of Voters SEOP Coordinator, Angela Smith Email: asmith@sjgov.org FAX: 209-468-9534
DEADLINE:	August 24th, 2018