TEACHER RECOMMENDATION 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
Email: students@sjgov.org
FAX: 209-468-9534

DEADLINE
To Be Determined

updated: 9/8/2022