

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