

TEMPORARILY ABSENT STUDENT NOTICE

<input type="text"/>			<input type="text"/>
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH

<input type="text"/>
STUDENT'S REGISTRATION ADDRESS

<input type="text"/>		
CITY, VILLAGE OR TOWN	STATE	ZIP CODE

DU PAGE COUNTY	<input type="text"/>
TOWNSHIP AND PRECINCT	

<input type="text"/>
NAME OF INSTITUTE OF HIGHER EDUCATION STUDENT IS ATTENDING

I affirm that I am a resident of DuPage County, Illinois, that I reside at the address stated above, and that I am or expect to be temporarily abiding outside the precinct in which I am registered to vote due to my attendance as a student, at the school listed above. I request an application for a Temporarily Absent Student Ballot be mailed to me prior to each election at which I will be entitled to vote during the 2-year period following the date of this notice, with such application to be mailed to the following address:

STUDENT'S MAILING ADDRESS AT SCHOOL:

<input type="text"/>		
Address		
<input type="text"/>		
City, Village or Town	State	Zip Code
<input type="text"/>		
County		

Under penalties as provided by law pursuant to Section 29-10 of the Election Code, the undersigned certifies that the statements set forth in this application are true and correct.

SIGNATURE OF STUDENT _____
DATE

Phone Number to Contact Student: _____

NOTE: Each election authority shall mail, to each qualified elector who has filed with the authority a Temporarily Absent Student Notice, an Application for Absent Student Ballot no later than the 40th day preceding the date of any election at which the elector is qualified to vote during the 2-year period following the date set forth in the elector's Temporarily Absent Student Notice.