

If you live on campus, list: 800 S. Main St., and your residence hall name here. This will allow you to vote in the on-campus precinct. (unless you live in the Grace Street Apartments, in which case you list 42 West Grace Street and will vote at Keister Elementary).

If you live in an apartment, you need to list the address, name of the complex and your apartment number.

Or you can list your home address and vote by absentee ballot.

If you listed 800 S. Main St. above, check here and use your campus mailing address here (including P.O. Box).

4.

☐ YES ☐

* I am a citizen of the United States

* Last name

* First name

* Residence

* City/Town

E-mail

* Have you been judged ineligible to vote?

☐ I am an ineligible voter

☐ I am a prohibited voter

If you listed 800 S. Main St. above, check here and use your campus mailing address here (including P.O. Box).

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We have to have all 9 digits or you will NOT be registered and are wasting everyones time!

If you don't have a middle name...CHECK HERE!

**Put your campus
P.O. Box in the Apt#**



This is your receipt and you must receive it!

If you have never been registered and are wasting everyone's time!

If you have never been HERE

Applicant's name
Last Name First Name Middle Initial Last Initial Suffix Jr. Sr. II III IV (Circle if applicable)
Address
City/Town State ZIP Apt #
E-mail Phone

* I am a citizen of the United States of America.

* Full social security number

* Date of birth

* Gender

* Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote?

YES NO

If YES, has your right to vote been restored?

YES NO

4. I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen.
I am providing a mailing address (below) because my residence address is not serviced by the U.S. Postal Service or I am homeless.
I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because:
I am an active or retired law enforcement officer, judge, U.S. or Virginia Attorney General attorney
I have a court issued protective order for my benefit
I have evidence of filing a complaint with law enforcement that either I or a household member is in fear for personal safety from another person who has threatened or stalked either me or a household member
I am a participant in the Virginia Attorney General's Address Confidentiality Program

My mailing address (Complete only if you have checked a box in this section)

5. I am currently registered to vote in another state: . (Indicate state of previous registration)

6. I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.

7. AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.

* Signature

Today's date:

I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

* **Virginia Voter Registration Application Receipt**

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at elections.virginia.gov/register. If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

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Name, phone and e-mail of office, group or individual receiving application

M M / D D / Y Y Y Y
 Date application received

**Thank you for applying
to vote in Virginia!**