

Colorado Student Election Judge Application

Please send the completed form to your County Clerk

Student's Name: _____

Date of Birth: _____

SSN (in order to be paid, students must provide their SSN): _____

Student's Address: _____

Phone Number: _____

Student's Email: _____

Name and Address of High School: _____

School Official:

I certify and recommend that this student election judge applicant is a student in good standing and that the applicant is or will be a junior or senior at the time of the election.

Date

School Official Signature

Parent or Guardian:

I hereby consent to allow my child to serve as a student election judge and affirm that they will be at least 16 years of age at the time of the election.

Date

Parent or Guardian Signature

Student:

I certify that at the time of the election, I will be at least 16 years old and a junior or senior in a public, private, or equivalent, if home schooled. I am able to attend a class of instruction and perform the assigned duties.

Date

Student Signature



Colorado
Secretary of State