

# University of Florida Student Government Elections

## Application for Absentee Ballot

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Classification: \_\_\_\_\_ College: \_\_\_\_\_

UF ID # \_\_\_\_\_ - \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Please include area code

E-mail: \_\_\_\_\_

Reason for requesting an absentee ballot: Please put an (x) next to the appropriate letter.

\_\_\_\_\_ A. Due to physical disability, I am unable to attend the polls on the date the election is to be held.

\_\_\_\_\_ B. I am serving as an election official, Director of Elections, or other position that is involved in conducting the election.

\_\_\_\_\_ C. Due to university classes or other requirements, I am unable to attend the polls on the date of the election.

\_\_\_\_\_ D. I am a student at a UF Satellite Campus. Which Campus \_\_\_\_\_

\_\_\_\_\_ E. Other \_\_\_\_\_  
Please explain

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor of Elections