

**STUDENT ELECTION ASSISTANT
NOMINATION/CONSENT FORM**

STUDENT NAME _____

STUDENT ADDRESS _____

STUDENT DATE OF BIRTH _____

STUDENT TELEPHONE NUMBER _____

****PRECINCT REQUESTED (1ST CHOICE)** _____

(2ND CHOICE) _____

HIGH SCHOOL _____

SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE OF PRINCIPAL _____

***By signing this form, all parties are acknowledging that the student:**

Is or will be 17 years of age by the time of the election

Is a United States Citizen

Is a resident of Harnett County

**Is enrolled in a secondary educational institution, including a home school,
with an exemplary academic record**

**Is being recommended by the principal or director of the secondary
educational institution**

Has the consent of the parent or legal guardian

**** Every effort will be made to assign the student to the precinct in which the
student resides or in a precinct adjacent to the student's residence.**