



The Office of Secretary of State

Brian P. Kemp
SECRETARY OF STATE

Ann Hicks
DIRECTOR OF ELECTIONS

**Please complete the information below to schedule the mailing of your
High School "Georgia Votes" Registration Kit**

School Name: _____ County: _____
Principal Name: _____
Contact Phone: _____ Email: _____
Mailing Address: _____ City: _____ Zip: _____

I would like to designate the following as the Deputy Registrar for the purpose of receiving voter registration applications.

Name: _____
Contact Phone: _____ Email: _____

Number of students in 12th grade: _____

Anticipated date of 1st registration drive: _____

Please return via fax or email to:
Kristen Riley
kriley@sos.ga.gov
678-717-6053 fax