

Dear Voter:

I am pleased to provide the Student Absentee Program. This program simplifies absentee voting for students who are registered voters in Madison County and temporarily living outside their precinct to attend school. Enrollment in this program is effective for a two-year period.

To enroll, fill out the form below including your school address and return it to the Madison County Clerk's Office Absentee Department. You will automatically receive an application for an absentee ballot at your school address prior to all elections during the two-year period. Each summer, a letter will be sent to your home asking you to verify or update your current school address. If you have any questions about registering, please contact the Absentee Department at (618) 296-4500 or e-mail us at absentee@co.madison.il.us.

Sincerely,



Mark Von Nida  
Madison County Clerk

**Your enrollment form must be returned *before* an application is mailed to you.**

MARK VON NIDA  
MADISON COUNTY CLERK  
157 NORTH MAIN STREET, SUITE 109  
PO BOX 218  
EDWARDSVILLE, IL 62025

**STUDENT ABSENTEE  
PROGRAM ENROLLMENT**

ABSENTEE VOTING DEPARTMENT  
(618) 296-4500

**FOR ELECTION AUTHORITY USE ONLY**

Application Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Township \_\_\_\_\_  
Precinct \_\_\_\_\_  
County Code \_\_\_\_\_

(Print or Type)

VOTER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

I state that I am a legally registered voter in Madison County, Illinois and eligible to vote therein. I am or expect to be temporarily residing outside the precinct in I am registered to vote due to my attendance as a student at:

**School Name** \_\_\_\_\_

I request that an application for an Absentee Ballot be mailed to me prior to each election at which I am entitled to vote during the 2-year period following the date of this notice. Such application should be mailed to the following **school address**:

**School Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this enrollment is valid for a period of two (2) years from the date issued, and agree to notify the Madison County Clerk immediately if I no longer attend the school designated in this notice. If my temporary address changes, I will file a signed amendment with the Madison County Clerk updating my address. Under penalties as provided by law pursuant to Section 29-10 of the Illinois Election Code, I certify that the above statements are true.

DATE \_\_\_\_\_ VOTER'S SIGNATURE \_\_\_\_\_