

Instructions for Voter Registration and Absentee Ballots in Ohio

VOTER REGISTRATION

I am: Registering as an Ohio voter Updating my address Updating my name					
Are you a U.S. citizen? Will you be at least 18 If you answered NO to	years of age on or b	efore the next general		☐ No	
3, Last Name		First Name		Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed) See below for dorm addresses Apt. or Lot # 5. City or Post Office Springfield					6. ZIP Code 45504
7. Additional Mailing Address (if necessary) 8. County (where you live) Clark				Clark	FOR BOARD USE ONLY SEC4010 (rev. 4/15)
Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)			City, Village, Twp,	
2. PREVIOUS ADDRESS IF UPDATING	G CURRENT REGISTRATION -	Previous House Number and Street			Ward
Previous City or Post Office Previous County			Previous State		Precinct
13, CHANGE OF NAME ONLY Former Legal Name Former Signature					School Dist.
4.					Cang. Dist.
lection falsification I am a itizen of the United States,	Your Signature	↓ Date (MM/DD/YYY)			Senate Dist.
will have fived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.	Don't for	rget to sign and d	ate		House Dist.

Residence Hall Addresses

Firestine	901 Woodlawn Ave.	Polis	40 W. Cassilly St.
New Hall	826 Woodlawn Ave.	Myers	6 E. Campus Dr.
Tower	909 Woodlawn Ave.	Ferncliff	641 Wittenberg Ave.
Woodlawn	723 Woodlown Ave		_

Woodlawn 723 Woodlawn Ave.

When you have completed your form, bring it to the **Hagen Center** and we will deliver it to the Board of Elections.

WE WILL DELIVER ALL REGISTRATION FORMS TURNED IN BY OCTOBER 4

^{**}Do not forget to include your campus mailbox number!

Step 1: Fill In the Information Below	This should be the exact same as what you put on your registration form			
Registered Voter's Name (Required)	Address (No P.O. Box) (Required)			
City (Required)	Zip Code (Required)			
Mailing Address (if different than address	s above)			
Wittenberg University Box; PO Box	x 6100 Springfield, OH 45501-6100			
Address / P.O. Box	City Zip Code			
Step 2: Provide Your Date of Birth (Req	uired)/			
☐ Your Ohio driver's license number (begins to a license				
Step 4: Read Affirmation and Provide Sig	nature			
polling place to vote on Election Day, I will be required to vote a pr	understand that if a ballot is mailed to me and I change my mind and appear at my ovisional ballot that cannot be counted until at least 11 days after the election. lifted elector and the statements above are true to the best of my knowledge and in, my application cannot be processed.			
DON'T FORGET TO SIG	GN AND DATE			
Signature (Required)	Date Signed			
Email Address (Optional)	Best Contact Phone Number (Optional)			
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE				

Return this completed form in person at 3130 E. Main Street or by mail to PO Box 1766, Springfield, Ohio 45501.

When you have completed your form, bring it to the **Hagen Center** and we will deliver it to the Board of Elections.

WE WILL DELIVER ALL ABSENTEE FORMS TURNED IN BY NOVEMBER 1