

The State of Texas



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Secretary of State

ORDER FORM HIGH SCHOOL VOTER REGISTRATION APPLICATIONS

PLEASE PRINT:

HIGH SCHOOL:

CONTACT PERSON:

MAILING ADDRESS:

CITY:

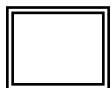
ZIP CODE:

PHONE NUMBER:

E-MAIL ADDRESS:

_____ *Number of English Applications*

_____ *Number of Spanish Applications*



TOTAL NUMBER OF VOTER REGISTRATION APPLICATIONS

Please return form to:

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