

**Permission to Serve as a Board Worker for the
Essex County Board of Elections
as permitted by A-415 12/13/02**

Student Information: (please print)

Name: _____

Address: _____

City, State & Zip: _____

Social Security Number: _____

Telephone Number: _____

Parent/Guardian Information: (please print)

Name of Parent/Guardian: _____

Signature of Parent/ Guardian: _____

Telephone Number: _____ Date: _____

High School Information: (please print)

Name of School: _____

Name of Representative: _____

Signature of Representative authorizing permission to work as a Board Worker and excusing him/her from school on the date of service.

Signature of Representative

Transportation (to and from polling location) to be provided by: (please print)

Name: _____

Telephone Number: _____