

NORTH ROCKLAND PERSONAL REGISTRATION FORM

Voter Name (Last, First, Middle)	
Residence Address	
City, State and Zip	
Date of Birth	____/____/____
Gender (M or F)	
Registration Date	____/____/____
General Qualifications (All):	<input type="checkbox"/> I am a Citizen of the United States <input type="checkbox"/> I am aged 18 years, or over <input type="checkbox"/> I have been a resident of this School District for a period of 30 days or more
Voter Signature	X

X		
District Clerk Signature	Date	Please scan and email to Support@ntsdata.com

NTS Action _____ By _____ Date _____