

**ELECTION COMMISSION  
INDIVIDUAL INFORMATION REQUEST FORM**

NAME: \_\_\_\_\_ CDIB #: \_\_\_\_\_

(ATTACH COPY OF CDIB CARD)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INFORMATION REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTOR: \_\_\_\_\_

(PRINT NAME)

REQUESTOR: \_\_\_\_\_

(SIGNATURE)

#####

**(FINANCE DEPARTMENT TO COMPLETE)**

\$1.00 PER PAGE \_\_\_\_\_ PAGES= \_\_\_\_\_ PAID TO AST FINANCE

RECEIVED BY: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

(ATTACH COPY OF RECEIPT FROM THE FINANCE DEPARTMENT)

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(DO NOT WRITE BELOW)  
ELECTION COMMISSION ONLY

PROCESSED BY: \_\_\_\_\_

(PRINT NAME)

SIGNATURE/TITLE: \_\_\_\_\_

PICK UP/MAILED DATE: \_\_\_\_\_

***PLEASE BE ADVISED THAT CERTAIN INFORMATION WILL REQUIRE PRIOR APPROVAL OF THE  
ELECTION COMMISSION BEFORE BEING RELEASED.***