

# Candidate Acceptance of Designation

## State Board of Education

Office Use Only:

Complete, sign, and return this form to the Colorado Secretary of State no later than 4 days after adjournment of the assembly. Please type or print legibly.

### Office Information

State Board of Education, District #

Qualifications for Office (You must check each box to affirm that you meet the qualifications for this office)

At least 18 years old  Registered and qualified elector of the Congressional District  U.S. citizen

### Candidate Information

Full Legal Name

Name exactly as it will appear on the official ballot

#### Residence & Mailing Address

Residence Street Address

City  State  Zip Code

Mailing Street Address

City  State  Zip Code

#### Telephone & E-mail Address

Business Phone #  Extension

Residence Phone #  E-mail Address

#### Campaign Website (optional)

Website

#### Voter Registration Information

Year of Birth  County of Registration

Party Affiliation  Date of Affiliation

### Signature

#### Applicant's Affirmation

I accept the nomination and affirm that I meet all qualifications for the office prescribed by law. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date of Signing



Colorado Secretary of State  
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SOS Revised January 6, 2022  
Sections 1-4-601 & 1-4-1304, C.R.S.