



Application for Voter Registration Information

Voter registration information is confidential and may not be disclosed except as authorized by law. Voter registration information may be provided to a candidate for office, a ballot measure committee, or other persons for election, scholarly, journalistic, political, or governmental purposes as determined by the California Secretary of State. All requests for voter registration information must be accompanied by written application. (CAEC §§ 2188, 2194; CA Gov. Code § 6254.4)

Date Stamp

Permissible Uses

To be granted authorization to access confidential information, your request must meet one of the following purposes. Separate applications are required for each intended use. Please select one:

ELECTION PURPOSES: Voter registration information must be made available to authorized individuals on behalf of a candidate, campaign committee, political party, or non-profit organization for any election.

POLITICAL PURPOSES: Voter registration information must be made available to authorized individuals on behalf of vendors providing information to candidates, campaign committees, or political parties re: specific political issues.

SCHOLARLY RESEARCH: Voter registration information must be made available to students and professors conducting research regarding voting, registration patterns, trends, etc.

JOURNALISTIC PURPOSES: Voter registration information must be made available to members of the press.

GOVERNMENTAL PURPOSES: Voter registration information must be made available to applicable government agencies.

Supporting Documents

Along with your completed application, you must also submit the following:

- **Photo ID** (government-issued) of the requestor and / or the applicant
- **Written authorization** - on letterhead from the candidate or committee board member or on institutional letterhead from the requesting government agency, or educational institution on behalf of the requestor
- **Press Credentials** (if applying for Journalistic use)

Applicant Information

Name			
	Last	First	M.I.
Government-issued Identification			
	Number	State	Exp. Date
Residential Address			
	Building Number & Street	City, State	Zip Code
Business Address			
	Building Number & Street	City, State	Zip Code
Contact	()		
			Email:

Applicant Organization

If this application is on behalf of an individual or organization, complete this section.

Name			
	Last	First	M.I.
Government-issued Identification			
	Number	State	Exp. Date
Residential Address			
	Building Number & Street	City, State	Zip Code
Business Address			
	Building Number & Street	City, State	Zip Code
Contact	()		Email:

Requested Information

Data will be provided in Text (.txt) and Excel (.xlsx) formats. Choose from the following options:

	Method of Delivery	
Voter Registration	E-mail (no fee)	USB drive (\$5.00 fee)
Vote-By-Mail (VBM) Ballot Returns <i>(Available starting 30 days prior to Election Day)</i>	CD-ROM (\$0.75 fee)	View on office terminal
Voter Registration & VBM Ballot Returns		

Statement of Intended Use

Describe your intended use of information. If you are a candidate or an authorized representative of a campaign or committee, or an individual requesting on behalf of an initiative or referendum for which legal publication has been made, please explain in detail.

- I understand that, if approved, this application is good for one calendar year.
- I agree not to sell, lease, loan or deliver possession of the registration information, a copy or any portion thereof, to any person, organization or agency without receiving written authorization from the California Secretary of State.
- I understand that willful violation of these provisions is a misdemeanor. (CAEC §18109)
- I agree to pay the State of California, as compensation for any unauthorized use of each individual's registration information, an amount equal to \$0.50 multiplied by the number of times each registration record is used by the applicant in an unauthorized manner. (CA Admin Code Title 2, Div. 7, Article 1, §§19001 – 19007)
- I understand that I must disclose any data breach to the California Secretary of State in the most expedient time possible and without any unreasonable delay following discovery or notification of the breach.

Applicant Signature: _____ **Date:** _____

Please print and sign by hand.

OFFICE USE ONLY		
Deputy's Initials: _____	Method of Receipt	<input type="radio"/> APPROVED <input type="radio"/> DENIED
Date: _____	<input type="radio"/> E-mail	
ID Check & Copied: _____	<input type="radio"/> Mail / Courier	
Comments: _____	<input type="radio"/> OTC	
_____	<input type="radio"/> Fax	