



# State of Delaware Department of Elections

## School Board Candidate Filing Packet 2024

### Department of Elections, New Castle County Office

Carvel State Office Building  
820 N French Street Suite 400  
Wilmington DE 19801  
Phone: 1-302-577-3464  
Email: [votencc@delaware.gov](mailto:votencc@delaware.gov)  
Fax: 1-302-577-6545

### Department of Elections, Kent County Office

100 Enterprise Place Suite 5  
Dover DE 19904  
Phone: 1-302-739-4498  
Email: [votekc@delaware.gov](mailto:votekc@delaware.gov)  
Fax: 1-302-739-4515

### Department of Elections, Sussex County Office

119 N Race Street  
Georgetown DE 19947  
Phone: 1-302-856-5367  
Email: [votesc@delaware.gov](mailto:votesc@delaware.gov)  
Fax: 1-302-856-5082

### Office of the State Election Commissioner

905 S Governors Ave Suite 170  
Dover DE 19904  
Phone: 1-302-739-4277  
Email: [COE\\_Vote@delaware.gov](mailto:COE_Vote@delaware.gov)  
Fax: 1-302-739-6794

Department of Elections Website: <https://elections.delaware.gov>  
Campaign Finance Reporting System: <https://cfrs.elections.delaware.gov>  
Register to Vote, Request Absentee Ballots, & More: <https://ivote.de.gov>  
Maps, Districts, Polling Places & Early Voting Sites by Address:  
<https://gis.elections.delaware.gov>  
SCHOOL BOARD CANDIDATE FILING DEADLINE: March 1, 2024 at 4:30 p.m.

# CANDIDATE FORMS AND INFORMATION

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## OVERVIEW

A qualified person seeking to become a candidate for election to the Board of Education for a public school district shall complete a signed and notarized School Board Member Candidate Filing Form, and complete the Delaware Child Protection Registry Consent Form, and submit these forms to the Department of Elections for the county in which the administrative office of the school district is located no later than 4:30 p.m. on the first Friday in March. If the first Friday in March is a State of Delaware holiday, the filing deadline shall be extended to 4:30 p.m. on the State’s next regular business day. The individual filing for school board candidate must complete Part I of the Delaware Child Protection Registry Consent Form and submit a check in the amount of \$14 payable to the State of Delaware to cover the fee for the CPR check. The Department of Elections must complete Part II of the form and performs the check. PLEASE NOTE: Candidates filing for seats on the Milford and Smyrna School Districts Boards of Education shall file with the Department of Elections for Kent County.

PLEASE NOTE: An individual seeking election to a school board is not considered an “official” candidate until (1) the individual files a completed, notarized candidate filing form that is accepted by the Department of Elections; and (2) the Commissioner of Elections determines that an individual is qualified under 14 Del. C. § 209 (criminal background check and Delaware Child Protection Registry check) and under 14 Del. C. § 1052 (citizenship and residency requirement), as required under 14 Del. C. § 1075. A candidate’s name will be added to the Department’s online “filed school board candidates” list only after such determinations are made by the Commissioner of Elections, and the individual’s candidacy filing date will be noted as the date the filing form was first submitted to the Department of Elections.

The person filing as a candidate must either file a Certification of Intention or form a Candidate Committee with the Office of the State Election Commissioner.

A person who decides to withdraw as a candidate for election to the Board of Education for a public school district must complete a signed and notarized Withdrawal Form and submit such form to the Department of Elections for the county where they filed.

The Candidate Information Sheet provides information about the conduct of the election and rules governing access to the polling place. All candidates and their representatives shall comply with all rules regarding electioneering and the polling place.

Contact the Department of Elections for the county responsible for the election if you have any questions.

### KENT COUNTY

Dept. of Elections for Kent County  
100 Enterprise Place, Suite 5  
Dover, DE 19904  
(302) 739-4498  
FAX: (302) 739-4515

### NEW CASTLE COUNTY

Dept. of Elections for New Castle County  
820 N. French Street, Suite 400  
Wilmington, DE 19801  
(302) 577-3464  
FAX: (302) 577-6545

### SUSSEX COUNTY

Dept. of Elections for Sussex County  
119 N. Race Street  
Georgetown, DE 19947  
(302) 856-5367  
FAX: (302) 856-5082

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STATE OF DELAWARE  
DEPARTMENT OF ELECTIONS

**Information regarding Background Check and Child Protection Registry Check Requirements for School Board Candidates**

Pursuant to Section 209(b) of Title 14 of the Delaware Code, before I may be appointed to or qualify as a candidate for membership on the State Board of Education or the board of a public school district or vocational-technical school district, I must obtain a fingerprinted Delaware and national criminal background check and Child Protection Registry (CPR) check under Section 309(a) of Title 31 of the Delaware Code.

At the time of school board candidate filing, candidates will be considered **provisional** candidates and the candidate will be posted with the status of “provisional” in the listing of candidates on the Department’s website.

Pursuant to 14 Del. C. § 209, the State Election Commissioner will receive and review each individual candidate’s completed State of Delaware and Federal Criminal History background check and their CPR check and determine whether an individual is qualified for election for the office of school board member. Once the Commissioner has determined a candidate is **qualified**, the Department will change the candidate’s status from “provisional” to “qualified” on the candidate list on the Department’s website, and the candidate filing will be considered official, and the candidate qualified for the office of school board member.

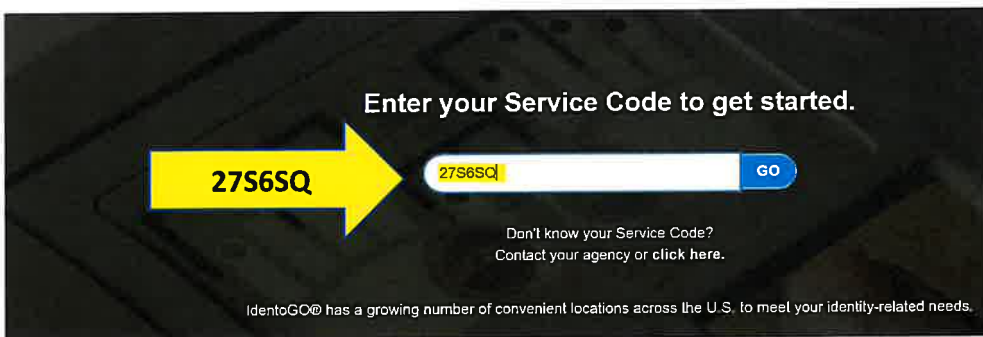
Information on obtaining a Delaware and Federal criminal history background check is available on the Delaware State Police website, <https://dsp.delaware.gov/obtaining-a-certified-criminal-history/>.

There are **9 locations** statewide serving individuals who need to obtain a criminal history background check. When an individual makes an appointment, they may choose from any of the available locations.

The fee for a certified State of Delaware and Federal Criminal History is **\$85.00**. Please note that the Department cannot accept this payment on behalf of the SBI.

SBI encourages individuals to make an appointment online at <https://uenroll.identogo.com>. On the portal, enter the Department of Elections Service Code, **27S6SQ** in the “Enter Code” field:

<https://uenroll.identogo.com>



Once an individual has made an appointment, SBI will email the individual confirming the appointment.

PLEASE NOTE: Individuals who do not have access to the internet may call SBI to schedule an appointment at 1-866-761-8069. Candidates may make the call to schedule their appointment for a Delaware and Federal criminal history background check.

**Please see the IdentoGo Fingerprint Service Code Form on the next page for criminal history background check appointment information for school board candidates.**



Fingerprint Service Code Form

**Service Name: Public School Employment – School Board Candidate**

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

**27S6SQ**

*Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.*

**Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.**

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Name Linking Documents (only needed if name on identification does not match name in registration):

- Original or Certified Copy of a Court Ordered Name Change Document (to include marriage certificates and divorce decrees)



Don't have access to the Internet? You can still schedule an appointment by calling **866.761.8069**.



School Board Member  
**CANDIDATE FILING FORM**

I, \_\_\_\_\_, hereby swear (or affirm) that I was born on  
(Print or Type Name of Candidate)

\_\_\_\_\_, that I reside at \_\_\_\_\_,  
(Date of Birth) (Residence Address of Candidate)

within Nominating District \_\_\_\_\_ of the \_\_\_\_\_ School District, that I  
(If Required) (Name of School District)

am qualified to vote in public school elections within the above-named nominating district and school district, and that I hereby file as a candidate for school board member in the above named school district for the election to be held on \_\_\_\_\_.  
(Date of Election)

I furthermore swear (or affirm) that I do not hold a paid position that is subject to the rules and regulations of the school board for the above-named school district and that I have not been convicted of embezzlement of public money, bribery, perjury or other infamous crime.

***I acknowledge and understand that in accordance with Section 209(b) of Title 14 of the Delaware Code, before I may be appointed to or qualify as a candidate for membership on the State Board of Education or the board of a public school district or vocational-technical school district, I must obtain a fingerprinted Delaware and national criminal background check and Child Protection Registry check under Section 309(a) of Title 31 of the Delaware Code.***

Mark this check box if you do not want your address, phone or email posted on the Department of Elections website list of filed candidates.

Mailing Address if different than residence address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_



Campaign Finance Section  
School Board Member Candidate Filing Packet

**[Continued]**

***This Candidate Filing Form will not be deemed complete or submitted unless the Candidate's signature is notarized below.***

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate)

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

----- For Office Use Only -----

Received by: \_\_\_\_\_ Date: \_\_\_\_\_





State of Delaware  
Department of Elections

School Board Member  
**CANDIDATE BALLOT NAME FORM**

Candidate Name as it appears on 2024 School Board Candidate Filing Form:

**RE: 2024 School Board Elections**

Dear Candidate:

The Department wishes to confirm how you would like your name to appear on the ballot. Please be advised that candidate names will not appear on the ballot with a Title (e.g., Dr., Col., Esq., etc.) either preceding or following their name. Below are your options (you may only choose one of the following by marking an "X" in the space provided):

       **If you want your name to appear on the ballot exactly as it appears on your 2024 School Board Candidate Filing Form.**

       You may request a shortened form of your full name appear on the ballot. For example, if your full name is **Elizabeth Mary Doe**, you may request **Elizabeth M. Doe** or **E. Mary Doe** appear on the ballot.

       If you regularly conduct business and are recognized in the community by that name, you may request that name appear on the ballot. For example, if your name is **William Doe** and you are known in your business dealings and in the community as **Bill**, you may request **Bill Doe** appear on the ballot.

       If you generally use or are generally known by a nickname that is a generally recognized shortened version of your legal name, you may request that nickname appear with your name on the ballot. For example, if your full name is **Elizabeth Doe**, and you generally use **Lisa** as a nickname, you may request **Elizabeth "Lisa" Doe** appear on the ballot.

       You may request a derivation of your name appear on the ballot. For example, if your full name is **Bernard Doe**, you may request **Bernie Doe** appear on the ballot.

If you wish your name to appear on the ballot differently than it appears on your Candidate Filing Form **within the options described above**, please print it clearly below, review the certification, sign below, have your signature notarized, and return an original executed copy to the Department in person or by mail. No electronic submissions will be accepted.

**Please return this form as soon as possible. We must receive your request no later than 4:30PM on March 1, 2024. If we do not receive your completed form by this deadline, your name will appear on the ballot(s) as it appears on your 2024 School Board Candidate Filing Form.**

[OVER]



State of Delaware  
Department of Elections



Requested Ballot Name (print clearly below):

Requested Ballot Name Pronunciation (print clearly below):

Tip: Break the parts of your name up into syllables, CAPITALIZE the part of your name that you want people to emphasize, and put dash marks (-) between the parts of your name. (e.g., Douglas = DUG - liss)

**CERTIFICATION:** By selecting an option above, and by completing and returning this request to the Department of Elections, I certify (1) that I have completed this request truthfully and accurately; and (2) that this request is not made to defraud or mislead the public, to misrepresent my identity, or for any other improper or illegal purpose. I understand that the Department of Elections may require me to make a satisfactory showing to support the option that I have selected herein, and that the Department may reject this request at its discretion if a satisfactory showing is not made.

CANDIDATE NAME and OFFICE SOUGHT (print clearly)

*This form will not be deemed complete or submitted unless the Candidate's signature is notarized below.*

Signature of Candidate

Date: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC

----- For Office Use Only -----

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

Web Portal



Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last\*, First\*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth (mm/dd/yyyy)\*:

Gender\*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes  No

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18):

PART II - REQUESTER INFORMATION

Check one option below and complete required information\*:

- 1.  Agency Request – Agency Name\*
2.  Individual Request – Self
3.  Individual Request – Share Results with Requesting Agency

- Requesting Agency 1 – Agency Name\*
Requesting Agency 2 – Agency Name\*
Requesting Agency 3 – Agency Name\*
Requesting Agency 4 – Agency Name\*
Requesting Agency 5 – Agency Name\*

\* Mandatory (Agency Name is Mandatory.)

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State of Delaware  
Department of Elections

## Overview of School Board Candidate Campaign Finance Filing Requirements

Compensation & Campaign Fundraising and Expenditures	Certification of Intention Required	Statement of Organization for Candidate Committee Required
Compensation for school board member is less than \$1,000 annually <i>and</i> the candidate <b>does not</b> intend to spend or receive more than \$5,000 in campaign funds from the date of the first contribution or expenditure through the end of the calendar year of his/her election	<b>X</b>	
Compensation for school board member is less than \$1,000 annually <i>and</i> the candidate <b>does</b> intend to receive more than \$5,000 for campaign expenses or expend more than \$5,000 on campaign expenses during the campaign		<b>X</b>
Compensation for school board member is more than \$1000 annually <i>and</i> the candidate <b>does not</b> intend to receive more than \$5,000 for campaign expenses or expend more than \$5,000 on campaign expenses during the campaign	<b>X</b>	
Compensation for school board member is more than \$1,000 annually <i>and</i> the candidate <b>does</b> intend to receive more than \$5,000 for campaign expenses or expend more than \$5,000 on campaign expenses during the campaign		<b>X</b>

**How to File a Certification of Intention:**

Visit: <https://cfrs.elections.delaware.gov>

- Select: *Certification of Intention*
- Complete the application
- Print, sign and mail the completed *Certification of Intention* to:

Delaware Department of Elections  
Office of the State Election Commissioner  
ATTN: Campaign Finance  
905 S. Governors Avenue, Suite 170  
Dover, DE 19904

**How to file a Statement of Organization:**

- Visit: <https://cfrs.elections.delaware.gov>
- Select: *Register a Candidate Committee*
- Complete the registration
- Print the completed *Statement of Organization*, sign and have notarized, and mail to:

Delaware Department of Elections  
Office of the State Election Commissioner  
ATTN: Campaign Finance  
905 S. Governors Avenue, Suite 170  
Dover, DE 19904

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## Candidate for School Board Member CANDIDATE INFORMATION SHEET

- The information provided by a candidate on the **Candidate Filing Form** is public information and is subject to public disclosure under the Delaware Freedom of Information Act.
- Each candidate on the ballot may authorize persons **in writing** to serve as challengers and observe the election in the various polling places. One Challenger representing each candidate may be present in each polling place. Challengers may be replaced during the day and may serve as a Challenger in more than one polling place during the election. A Challenger may challenge a voter for cause. The Inspector and both Judges hear the challenge and decide, by majority vote, whether to permit the person to vote. A Challenger who disrupts the activities in the polling place may be asked to leave the polling place. A Challenger may view the Polling Place records and voting machine's vote count but may not interfere with the voting process when doing so.
- Electioneering is not permitted within the polling place or within 50 feet of any of the entrances to the polling place. See Section 4942 of Title 15 of the Delaware Code for details.
- The following persons are permitted in the voting room: Department of Elections staff with identification; the State Election Commissioner and his staff with identification; authorized challengers; the assigned Election Officers; persons voting or waiting to vote; a child or children aged 17 or below accompanying a voter; and a person or persons assisting a voter (may not be a representative of the person's employer or union).
- A candidate on the ballot or a candidate's authorized challenger may be present to observe the setup of the polling place and the closing of the polls.
- A candidate may request a recompilation of the vote by presenting a petition signed by 25 or more persons who voted in the election within 96 hours of the certification of the election if the difference in the election was the larger of 10 votes or  $\frac{1}{2}$  of 1% of the total vote.
- Candidates may withdraw by submitting the **Withdrawal Form** to the Department of Elections conducting the election.
- The offering by a person of anything of value to another person to vote or to vote in a particular manner is prohibited by law. Similarly, a person may not accept anything of value for voting or for voting in a particular manner.
- Candidates should contact the County Office of the Department of Elections conducting the election for information regarding where the votes will be tallied following the election and where and when the election will be certified.
- Candidates should contact the County Office of the Department of Elections conducting the election for other information regarding the conduct of the election.

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# State of Delaware Department of Elections Map Request

Please submit your completed form with payment, if applicable, to your County's Elections Office.

## 1. Requestor

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description (Specify details of your request): \_\_\_\_\_

## 2. Requestor Type (Select one)

- Major/Minor Political Party     
  Candidate     
  Public  
 General Assembly; State Agencies; County or Local Government

## 3. Organization Information (Required when requesting on behalf of an organization)

Name of Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Company Contact: \_\_\_\_\_

## 4. Delivery Information (Select one)

Map Type	Cost
County-wide map	\$10 per map
District-level map	\$3 per map

- Pick up     
  Ship to (plus \$6.70 standard shipping cost<sup>1</sup>):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup>Shipping cost is subject to change.

## 5. Payment Information (Select one)

Total Cost: \_\_\_\_\_ (includes shipping, if applicable)

- Check# \_\_\_\_\_ (Payable to State of Delaware)     
  Cash (In person submission only)  
 Money Order # \_\_\_\_\_     
  No Cost<sup>2</sup>

## 6. Ordering Notes (Read Notes)

- Allow up to 10 business days upon receipt of request
- Limit of 1 active request of no more than 3 maps at a time.

## 7. Affirmation (Read Statement and Sign Oath)

I swear or affirm, under penalty of perjury, that:

- The map(s) received as part of this request will **not** be used for commercial solicitation or for any other purpose not related to the electoral process, or make the information available to the public or third parties or publish or republish the information in a way that allows it to be used in that manner.
- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

**Sign here**

**X**

**Today's date**  
(MM/DD/YYYY)

<sup>2</sup> Maps are provided at no charge to the General Assembly; State Agencies; County or Local Government; Major Political Party; any Minor Political Party eligible to place candidates on the ballot; Candidates will receive one (1) complimentary map at the time they file for office, fees may be applied for additional copies.

DMFM001 v2.0 2021/05/07

<https://ivote.de.gov>

**State Election Commissioner**  
 905 S Governors Ave Ste 170  
 Dover DE 19904  
 Phone: (302) 739-4277  
 Fax: (302) 739-6794  
 Email: coe\_vote@delaware.gov

**New Castle County Office**  
 Carvel State Office Bldg  
 820 N French St STE 400  
 Wilmington DE 19801  
 Phone: (302) 577-3464  
 Fax: (302) 577-6545  
 Email: votencc@delaware.gov

**Kent County Office**  
 100 Enterprise Pl Ste 5  
 Dover DE 19904  
 Phone: (302) 739-4498  
 Fax: (302) 739-4515  
 Email: votekc@delaware.gov

**Sussex County Office**  
 119 N Race St  
 PO Box 457  
 Georgetown DE 19947  
 Phone: (302) 856-5367  
 Fax: (302) 856-5082  
 Email: votesc@delaware.gov

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**State of Delaware  
Department of Elections  
Voter Registration File Request**

FOR OFFICE USE ONLY

Amount Paid: \_\_\_\_\_ Rec. By: \_\_\_\_\_

CFID #: \_\_\_\_\_ IRTS #: \_\_\_\_\_

**1. Requestor**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

**2. Requestor Type (Select one)**

Major/Minor Political Party       Candidate       Public

General Assembly; State Agencies; County or Local Government

**3. Requested Data (Select one)**

Statewide     Other    Specify: \_\_\_\_\_

**4. File Format (Select one)**

Tab-Delimited Text File (TXT)     Comma-Separated Values (CSV)     MS Excel (XLSX)

**5. Organization Information (Required when requesting on behalf of an organization)**

Name of Entity: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Company Contact: \_\_\_\_\_

**6. Delivery Information**

Email Address: \_\_\_\_\_

**Important:** Data will be sent via secure email. Visit <https://de.gov/securemail> for more information.

**7. Payment Information (Cost is \$25.00 per request. Select one payment option)**

Check # \_\_\_\_\_ (Payable to State of Delaware)     Cash (In person submission only)

Money Order # \_\_\_\_\_     No Cost (See Title 15, Chapter 3, §304(e))

**8. Ordering Notes (Read Notes)**

- Allow **up to 10 business days** upon receipt of request    ▪ Limit of 1 active request at a time
- Delaware Code, Title 15, Chapter 3, §304(h): Files and lists provided to members of the General Assembly and State agencies or county or local governments pursuant to subsection (f) of this section shall include voter names, addresses, political party affiliation, voting history, telephone numbers, and dates of birth. Files and lists provided to major and minor political parties pursuant to subsections (a) through (d) of this section and to candidates for elective office pursuant to subsection (e) of this section shall be limited to voter names, addresses, political party affiliations, voting history, legislative district information, telephone numbers, and years of birth. Files and lists provided to the public shall be limited to voter names, addresses, political party affiliations, voting history, legislative district information, and years of birth.

**9. Affirmation (Read Statement and Sign Oath)**

I swear or affirm, under penalty of perjury, that:

- The Voter Registration information and any accompanying documents received as part of this request will **not** be used for commercial solicitation or for any other purpose not related to the electoral process, or make the information available to the public or third parties or publish or republish the information in a way that allows it to be used in that manner.
- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

**Sign here**      X      Today's date (MM/DD/YYYY)

<https://ivote.de.gov>

**State Election Commissioner**  
905 S Governors Ave Ste 170  
Dover DE 19904  
Phone: (302) 739-4277

**New Castle County Office**  
Carvel State Office Bldg  
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**Kent County Office**  
100 Enterprise Pl Ste 5  
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Phone: (302) 739-4498

**Sussex County Office**  
119 N Race St  
PO Box 457  
Georgetown DE 19947  
Phone: (302) 856-5367

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Candidate for School Board Member  
**WITHDRAWAL FORM**

I, \_\_\_\_\_, hereby withdraw as a candidate for school  
(Print or Type Name of Candidate)

board member for Nominating District \_\_\_\_\_ of the \_\_\_\_\_  
(If Required) (Name of School District)

School District for the election to be held on \_\_\_\_\_  
(Date of Election)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate)

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

----- For Office Use Only -----

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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## PRIVACY ACT STATEMENT

Provided by the **Delaware State Bureau of Identification (SBI)** as information on fingerprinting and criminal background checks for School Board Candidates in Delaware

**Authority:** The Federal Bureau of Investigation's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application supplemental authorities include Federal statutes and State statutes pursuant to Pub L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to, or retained by, NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

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