

Glendale Community College Office of *Student Life*

Petitioner Signature Solicitation • Voter Registration Request

ORGANIZATION: _____

CONTACT: _____ PHONE: _____

PETITION CONTENT: _____
(Copy must be attached)

DATE(S) REQUESTED: _____
(MAXIMUM 10 BUSINESS DAYS PER SEMESTER)

TIME(S): _____

LIST ALL ADDITIONAL PETITIONERS: (Individuals not listed are not authorized to be on campus.)

_____	_____
_____	_____
_____	_____

I have received and read the Glendale Community College Petitioner Solicitation Guidelines.

Signature

Date

Contact:
Catherine Crawford
623.845.3525
623.845.3020 Fax

catherine.crawford@gcmail.maricopa.edu

Request Taken By: _____ Petitions Attached Calendar Updated Date _____
(Initials)
Safety Notified by : _____ Date: _____