



How to Register to Vote using a [Paper Form](#)



Important Notes

- Use blue or black ink.
- Write legibly.
- Mail by October 24, 2025.
- Options for submitting your completed form:
 - Give it to a qualified voter registration helper, such as a representative from the League of Women Voters.
 - Take it to a local voter registration office. The closest one to campus is at [12000 Government Center Pkwy](#), Ste 323, Fairfax, VA 22035. [Look-up tool](#).
 - Mail it to: Virginia Department of Elections, 1100 Bank Street, Richmond, VA 23219. [Ask us for a stamp!]



Virginia Voter Registration Application

Use blue or black ink

Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied. (See instructions on reverse side).

1.	☐ YES ☐ NO * I am a citizen of the United States of America.	* Full social security number - - ☐ No SSN was ever issued.	* Date of birth / /	* Gender
2.	* Last name Jr. Sr. II III IV (Circle if applicable)			
	* First name		* Middle name ☐ None	
	* Residence address (May not be a P.O. Box)		Apt #	
	* City/Town		* ZIP	
	E-mail		Phone -	
3.	* Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? ☐ YES ☐ NO If YES, has your right to vote been restored? ☐ YES ☐ NO			
4.	☐ I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen. ☐ I am providing a mailing address (below) because my residence address is not serviced by the U.S. Postal Service or I am homeless. ☐ I am providing a <u>Virginia P.O. Box</u> (below) to protect my residence address from public disclosure because I or a household member is/has: ☐ An active or retired law enforcement officer, judge, U.S. or Virginia Attorney General attorney. ☐ Been granted a court issued protective order. ☐ In fear for personal safety from being threatened or stalked by another person. ☐ A participant in the Virginia Attorney General's Address Confidentiality Program. ☐ Been approved to be a foster parent. My mailing address (Complete only if you have checked a box in this section) 			
5.	☐ I am currently registered to vote in another state: (Indicate state of previous registration)			
6.	☐ I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.			
7.	AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice. * Signature Today's date: / / ☐ By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.			

* Virginia Voter Registration Application Receipt

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at www.elections.virginia.gov/registration. If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

Name, phone and e-mail of office, group or individual receiving application

/ /
Date application received

Thank you for applying to vote in Virginia!

Virginia Voter Registration Application

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Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied (See instructions on reverse side).

1.

☐ YES ☐ NO

* I am a citizen of the
United States of America.

* Full social
security
number

N N N - N N - N N N N

☐ No SSN was ever issued.

* Date of
birth

M M / D D / Y Y Y Y

* Gender

2.

* Last name

Jr. Sr. II III IV (Circle if applicable)

* First name

* Middle name

☐ None

* Residence address (May not be a P.O. Box)

**USE RESIDENCE HALL STREET
ADDRESS**

Apt #

* City/Town

* ZIP

E-mail

Phone

N N N - N N N - N N N N

3.

* Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? ☐ YES ☐ NO If YES, has your right to vote been restored? ☐ YES ☐ NO

4.

☐ I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen.

☒ I am providing a mailing address (*below*) because my residence address is not serviced by the U.S. Postal Service or I am homeless.

► I am providing a Virginia P.O. Box (*below*) to protect my residence address from public disclosure because:

- ☐ I am an active or retired law enforcement officer, judge, U.S. or Virginia Attorney General attorney
- ☐ I have a court issued protective order for my benefit
- ☐ I have evidence of filing a complaint with law enforcement that either I or a household member is in fear for personal safety from another person who has threatened or stalked either me or a household member
- ☐ I am a participant in the Virginia Attorney General's Address Confidentiality Program
- ☐ I have been approved to be a foster parent

My mailing address (*Complete only if you have checked a box in this section*)

LIST HUB MAILING ADDRESS HERE

5. ☐ I am currently registered to vote in another state: _____. (Indicate state of previous registration)

6. ☐ I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.

7. **AFFIRMATION:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.

 * **Signature** _____

Today's date:

M	M	/	D	D	/	Y	Y	Y	Y
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☐ By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

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Name, phone and e-mail of office, group or individual receiving application

M	M	/	D	D	/	Y	Y	Y	Y
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Date application received

**Thank you for applying
to vote in Virginia!**

Remember to

- Use blue or black ink.
- Write legibly.
- Mail by October 24, 2025.
- You may also submit your form by visiting a campus voting event and submitting your form to a representative from the League of Women Voters.