



Pinal County School Office

Supporting Schools, Shaping Tomorrow

BOARD APPOINTMENT ADVISORY COMMITTEE AFFIDAVIT

State of ARIZONA

County of PINAL

I, the undersigned, being duly sworn, hereby affirm that:

1. My name is _____. My date of birth is _____.
 2. I currently reside at the following address: _____,
_____, County of PINAL, state of ARIZONA.
 3. I am a registered voter in the state of ARIZONA.
 4. I am at least 18 years of age.
 5. My phone number is _____.
 6. My email is _____.
 7. I comply with providing my Social Security Number, if selected, for the conducting of a background check.
- Signature **MUST** be notarized in order for the affidavit to be accepted.

INDIVIDUAL'S SIGNATURE _____ DATE _____

NOTARY PUBLIC COMPLETES

State of ARIZONA County of PINAL

Signed before me on _____, 20 _____ by _____ (name(s)
of individual(s) making statement).

Place seal below

(Notary's official signature)

(Commission Expiration)