Optional Form

Candidate Endorsement Form

Candidate’s Name: ____________________________________________

Position for which candidate is running: __________________________

This is an ORGANIZATIONAL/or INDIVIDUAL Endorsement

I, ____________________________, endorse the above candidate for the position listed above on behalf of

__________________________________________________________

(Organization/or Individual)

__________________________________________ will be the sole beneficiary of the above organization’s endorsement poster.

(NOTE: Each organization is allowed only one endorsement poster).

__________________________________________
Signature of Highest Officer

__________________________
Date

__________________________________________
Print Name

__________________________
Phone

__________________________________________
UTD Email

*Any organizational endorsement must be from a currently registered organization, and must be signed by the highest ranking officer of that organization. Return this form to the Student Government Office.

Candidate Acceptance

Privacy Statement With few exceptions, you are entitled on your request to be informed about the information U. T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U. T. Dallas correct information about you that is held by us and that is incorrect.

Disclosure of your UTD Student ID number is requested because it is a unique identification number which is maintained for the purpose of ensuring tracking and accuracy of student information. The disclosure of such information is voluntary. Disclosure of your UTD Identification number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).
I, __________________________, do hereby accept the endorsement of the above registered organization.

_________________________________  __________________________  ______________________
Candidate’s Signature              Print Name                      Date