



Request to Change Election System
Education Code § 72036

Form with fields for: Community College District, Contact's name and title, Email, Address, City, State, Zip, Phone, Date of request, Local board approval date, Legal criteria (1-4), District or County Certification, Authorized Signature, Name and Title, Date.

Please note that additional pages can be attached, if needed.

Email the completed form and back-up material to: legalaffairs@cccco.edu