



**BOARD OF ELECTION COMMISSIONERS  
For The City of Chicago**

**Authorization For Cancellation of Registration**

**To Registration Officer:**

**I hereby authorize the cancellation of my registration under the name of  
Por esta autorizo la cancelación de mi previa inscripción bajo el nombre de**

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**(Please Print Name) (Por favor imprima su nombre )**

**Address** \_\_\_\_\_  
**Previa dirección**

**Signature** \_\_\_\_\_  
**Firma**

**Date** \_\_\_\_\_  
**Fecha**

**Registration Number** \_\_\_\_\_

**Attach this form to the registration form**