
(Family- and First name)

(Place)

(Date)

(Immatriculation number)

(Faculty/Study)

**To
Wahlamt der
Technischen Universität Darmstadt
Karolinenplatz 5
64289 Darmstadt**

**Application for Postal voting
for the University elections- Summer semester 2019**

I would like to use the option of Postal voting and request you to send me the election documents

to my following address :

(Family- and First name)

(exact Postal address: Street, House Nr.)

(Postal code and Place)

(Signature)

Please fill in BLOCK letters legibly.