



STATE OFFICER CANDIDATE PERMISSION FORM

By signing below, I, _____, acknowledge that I've thoroughly read and understand the full contents of this Arizona DECA State Officer Application Packet. I understand that any deviation from the expectations outlined in this Guidebook is an automatic disqualification from office. I understand the duties and responsibilities involved in running to serve and serving as an Arizona DECA State Officer and I understand that consequences exist for any behavior unbecoming of a representative of Arizona DECA.

Student Signature: _____ Date: _____

By signing below, I authorize the student named above to run for the Arizona DECA State Officer Team and agree to support the student in their efforts during their election and their term of office. I also acknowledge that I've thoroughly read and understand the full contents of this Arizona DECA State Officer Application Packet.

Chapter Advisor
Signature: _____ Date: _____

By signing below, I authorize the student named above to run for the Arizona DECA State Officer Team and agree to support the student in their efforts during their election and their term of office. I also agree to provide a means of transportation for the student to fulfill their travel obligations throughout the state during their term of office. I also acknowledge that I've thoroughly read and understand the full contents of this Arizona DECA State Officer Application Packet.

Parent/Guardian
Signature: _____ Date: _____

By signing below, I authorize the student named above to run for the Arizona DECA State Officer Team and agree to support the student during their term of office. I understand that the student will be absent for numerous days throughout the academic year in order to accomplish their duties and I agree to help support them in excusing such absences. I also acknowledge that I've thoroughly read and understand the full contents of this Arizona DECA State Officer Application Packet.

Principal Signature: _____ Date: _____