The undersigned attests that the documentation required by the Professional Certification office is on file. Also, the undersigned certifies under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Institution/organization:The Evergreen State College Code:50027 Telephone Number:360.867.6559

Signature:Maggie Foran Date:8-25-14

Organization Program Director/Dean/Director of Education/Certification Officer or Designee

**List Names in Alphabetical Order**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete Legal Name – Last, First Middle and Address** | **Birthdate** | **Washington Certificate Number** | **WSP/FBI Clearance Received\*** | **Applied after 9/30/11**  **Y/N** | **Endorsements\*\***  **Area** **Type** | | **OSPI Use**  **Only** |
| Smith Krystal LaNay  6096 SW 3rd Pl Renton WA 98057 | 01/05/89 |  | Yes | Yes | Elementary Education | N |  |
|  |  |  |  |  |  | N |  |
|  |  |  |  |  |  | N |  |
|  |  |  |  |  |  | N |  |
|  |  |  |  |  |  |  |  |
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