The undersigned attests that the documentation required by the Professional Education and 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 *The Evergreen State College #50027* Telephone Number: *360.867.6559*

Signature: Maggie Foran Date**:  *\_\_\_\_\_4/20/12\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Dean/Director of Education/Certification Officer or Designee

**List Names in Alphabetical Order**

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| --- | --- | --- | --- | --- | --- |
| **Complete Legal Name – Last, First Middle** | **Birthdate** | **Washington Certificate Number** | **WSP/FBI Clearance Received\*** | **District/Private School** | **OSPI Use**  **Only** |
| Dearborn Jason Michael | 8/20/79 |  | Yes | Clover Park |  |
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