

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: (264565C)

I further understand that the Superintendent of Public Instruction will notify other states and public and private school officials within the state of Washington that I have voluntarily surrendered my certificate(s).

Name: **JOHN BITTINGER** Certificate No.: **(264565C)**

I acknowledge, that by signing this voluntary surrender of my education certificate, I agree not to seek reinstatement of my educational certificate in the state of Washington.

Dated this 24TH day of November, 2025.

JOHN BITTINGER
Printed Name
John M Bittinger
Signature
[Redacted]
Address
[Redacted]
City, State, Zip