

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: (599093B)

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: **Nicholle Fisher** Certificate No.: **(599093B)**

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 27TH day of August, 2025.

Nicholle Fisher
Printed Name

Nicholle Fisher
Signature

[Redacted Address]

[Redacted City, State, Zip]

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 ____.

Notary Public in and for the state of

_____. Residing at _____

My commission expires: _____