

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: 508348J

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: Kevin Kukla Certificate No. 508348J

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 April 22, 2025

Kevin Kukla

Printed Name

Signature
[Redacted]

Address
[Redacted]

City, State, Zip