

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: 464532A

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: Arthur Ordelleide Certificate No. 464532A

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 16th day of July, 2024

Arthur Robert Ordelleide
Printed Name

[Signature]
Signature

[Redacted Address]
Address

[Redacted City, State, Zip]
City, State, Zip

SUBSCRIBED AND SWORN to before me this 16th day of July, 2024.

[Signature]
Notary Public in and for the state of Washington

Residing at Arington

My commission expires: 8-15-2024

