

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: **421926G**

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: **KATHLEEN SKAAR** Certificate No. **421926G**

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 4th day of June, 2025.

Printed Name Kathleen R. Skaar

Signature Kathleen R Skaar

Address



City, State, Zip

