

**VOLUNTARY SURRENDER OF CERTIFICATE(S)**

I hereby voluntarily surrender my certificate(s). Certificate No.: 474761D

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: Thomas Stevens

Certificate No. 474761D

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 12<sup>th</sup> day of September, 2025

Printed Name

Thomas M. Stevens

Signature

*Thomas M. Stevens*

Address

[Redacted Address]

City, State, Zip

[Redacted City, State, Zip]

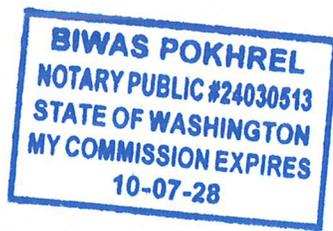
**SUBSCRIBED AND SWORN** to before me this 12<sup>th</sup> day of September, 2025.

Notary Public in and for the state of Washington

Pierce County. Residing at Tacoma

My commission expires: 10-07-28

*[Signature]*



RECEIVED

SEP 26 2025

Office of Professional Practices  
OSPI