



SUPERINTENDENT OF PUBLIC INSTRUCTION

CHRIS REYKDAL Old Capitol Building · PO BOX 47200 · Olympia, WA 98504-7200 · <http://www.k12.wa.us>

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: 258193B

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: GERALD BUCKENBERGER Certificate No. 258193B

I agree, if I request reinstatement of the certificate(s) I have voluntarily surrendered, to provide the Superintendent of Public Instruction with an affidavit describing in full the reasons for my voluntary surrender of the certificate(s) listed above.

Dated this 4 day of May, 2021.

Gerald D Buckenberger

Printed Name

Gerald D Buckenberger

Signature

[Redacted Address]

Address

[Redacted City, State, Zip]

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: _____