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APR 26 2023

Office of Professional Practices

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: #555613R. Furthermore, I agree not to seek reinstatement in the state of Washington.

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: Andrew Williamson Certificate No. #555613R

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 17th day of April, 2023.

Andrew Williamson

Printed Name

Andrew Williamson

Signature

[Redacted Address]

Address

[Redacted City, State, Zip]

City, State, Zip

SUBSCRIBED AND SWORN to before me this 17th day of April, 20 23.

Kevin O'Hara

Kevin O'Hara

Notary Public in and for the state of Oregon

Residing at Portland, OR

My commission expires: 09/29/2025

OPP No.: 555613R

