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FEB 19 2021

Office of Professional Practices

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I, Todd J. Wright, Jr., hereby voluntarily surrender my certificate(s). Certificate No.: 537019B

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: Todd J. Wright, Jr. Certificate No. 537019B

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 16th day of February, 2021.

Todd J. Wright Jr

Printed Name

[Handwritten Signature]

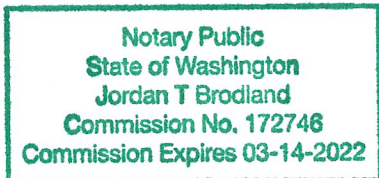
Signature

[Redacted Address]

Address

[Redacted City, State, Zip]

City, State, Zip



SUBSCRIBED AND SWORN to before me this 16th day of FEB, 2021.

Jordan T. Brodland

Notary Public in and for the state of

WASHINGTON. Residing at 1511 RIVERSIDE DR. Mt. VERNON, WA
98273

My commission expires: 03/14/2022