

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I, TIMOTHY BRENNAN, hereby voluntarily surrender my certificate(s). Certificate # 347067A

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).

- 1. Continuing Washington Teaching Certificate No. 347067A
- 2. _____ Certificate No. _____

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 30th day of May, 20 19.

Tim Brennan

Printed Name

Timothy Brennan

Signature



Address



City, State, Zip

RECEIVED

JUN 05 2019

Office of Professional Practices

SUBSCRIBED AND SWORN to before me this 30th day of May, 20 19.

[Signature]

Notary Public in and for the state of

Washington

Residing at

MI, WA

My commission expires:

10/10/19

