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FEB 14 2019

**VOLUNTARY SURRENDER OF CERTIFICATE(S)**

Office of Professional Practices

I, Colton Reavis, hereby voluntarily surrender my certificate(s). Certificate # 529592H

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 Residency Teacher (FI) Certificate No. 529592H

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 4th day of February, 2019.

Colton Reavis  
Printed Name

[Signature]  
Signature

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FEB 07 2019

Office of Professional Practices

[Redacted Address]

City, State, Zip

**SUBSCRIBED AND SWORN** to before me this 4th day of February, 20 19.

[Signature]  
Notary Public in and for the state of

Washington Residing at Liberty Lake

My commission expires: March 1, 2020

COLTON REAVIS / OPP#D18-03-031  
CERTIFICATE# 529592H  
VOLUNTARY SURRENDER

