SUPERINTENDENT OF PUBLIC INSTRUCTION

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

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AUG 10 2017

OFFICE OF PROFESSIONAL PRACTICES

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I, Kira Lazore, have reason to believe that I am or might be ineligible to hold a certificate(s) for reasons which do or might constitute grounds for revocation of the certificate(s). Accordingly, I hereby voluntarily surrender the following certificate(s):

1. Residency Teacher Certificate No. 465737E
2. C260700-Sub Teacher Certificate No. 465737E

I have not been, to the best of my knowledge, convicted of any felony crime listed within WAC 181-86-013(1).

I, Kira Lazore, in addition to voluntarily surrendering the following certificate, I voluntarily and knowingly agree not to seek reinstatement of the above certificates and agree not to seek issuance of any other Washington state Education certificate or issuance of an education certificate in any other state.

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).

Dated this 7th day of August, 2017.

Kira Lazore
Printed Name

Kira Lazore
Signature

[redacted]
Address

[redacted]
City, State, Zip