SUPERINTENDENT OF PUBLIC INSTRUCTION

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

# VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s), Certificate No.: 553170B

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: Mitchell Calhoun Certificate No. 553170B

Furthermore, I agree, not to seek reinstatement of the certificate(s) I have voluntarily surrendered.

Dated this 13th day of Nov, 20 26.

Mitchell W. Calhoun

Printed Name



Signature

[redacted]

Address

[redacted]

City, State, Zip

***SUBSCRIBED AND SWORN*** to before me this _____ day of _____, 20 ____.

_____

Notary Public in and for the state of

_____. Residing at _____

My commission expires: _____