



SUPERINTENDENT OF PUBLIC INSTRUCTION

DR. TERRY BERGESON OLD CAPITOL BUILDING • PO BOX 47200 • OLYMPIA WA 98504-7200 • <http://www.k12.wa.us>

July 29, 2008

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Timothy Sheehan
[REDACTED]

RE: Certificate No.: 255422H
OPP No.: D08-07-057

Dear Mr. Sheehan:


I have received your signed statement, dated July 25, 2008, voluntarily surrendering your Washington educational certificate. Notification to that effect, including your name, certificate number(s), and social security number will be shared with other states and public and private school officials within the state of Washington.

You must immediately return your certificate(s) to:

Office of Professional Practices
Superintendent of Public Instruction
PO Box 47200
Olympia, Washington, 98504-7200

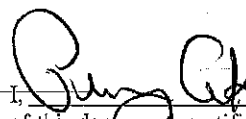
If you have any questions, please contact me at (360) 725-6136.

Sincerely,


Charles Schreck, Director
Office of Professional Practices

CS:pjc

cc: Anne Shaw, Assistant Attorney General

I, , certify that on 7/30/08, I mailed a copy of this document, certified & postage prepaid, to all parties or their counsel of record. I certify under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.

July 25, 2008

RECEIVED

JUL 29 2008

OFFICE OF PROFESSIONAL PRACTICES

Superintendent of Public Instruction
Dr. Terry Bergeson
Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

Dr. Bergeson,

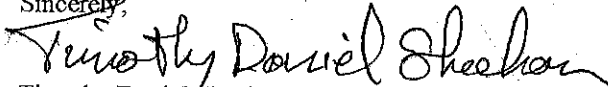
I, Timothy Daniel Sheehan, have reason to believe that I am or might be ineligible to hold a certificate for reasons which do or might constitute grounds for revocation of my Washington State teaching certificate. Accordingly, I hereby voluntarily surrender the following certificate:

State of Washington
Professional Education Certificate
Type: Continuing Teacher
Certificate Number: 255422H

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

I agree, if I request reinstatement of the certificate 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 listed above. 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.

Sincerely,



Timothy Daniel Sheehan



Cc: Charles Schrek, SPI Director of Professional Practices ✓

- For witnessing or attesting a signature:

State of Washington)
County of King)

Signed or attested before me on 25 July 2008 (date) by
Timothy Daniel Sheehan (name[s]) of person[s].



Notary Public — State of Washington
My Appointment Expires: 9/25/10

