



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Administrative Resource Services
 Old Capitol Building, PO BOX 47200,
 OLYMPIA, WA 98504-7200
 (360) 725-6133 TTY (360) 664-3631 FAX (360) 753-4201

School District Director
CERTIFICATE OF ELECTION OR APPOINTMENT
 (See Instructions On Reverse Side Of Form)

This is to certify that on the _____ day of _____, 20_____, a majority of the (check one)
 _____ School District Board of Directors _____ Educational Service District Board, voted in a duly held public meeting to
 (check one) _____ elect _____ appoint _____ to
 the office of director of the board of _____ School District No. _____, Congressional District
 No. _____, Director District No. _____, County of _____, state of Washington, in order to fill a
 position formerly held by _____, to
 expire _____.

LIST ALL MEMBER(S) NAME, ADDRESS, AND WHO THEY REPLACED

NAME CHAIRMAN	HOME ADDRESS: (Street, PO Box, City, State)
REPLACES	ZIP CODE
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**Form must be filled out completely and accurately. NOTICES
 SUBMITTED ON OTHER FORMS WILL NOT BE ACCEPTED.**

**INSTRUCTIONS FOR COMPLETING CERTIFICATE OF ELECTION
OR APPOINTMENT FORM**

SCHOOL DISTRICTS: Please complete and send the **original and two copies** to the Educational Service District Superintendent within 10 days after the annual change or any other change in the composition of the Board.

EDUCATIONAL SERVICE DISTRICTS: Please forward **one copy** to the Superintendent of Public Instruction, Attention: Administrative Resource Services.