

CERTIFICATION

PATIENT NAME

DOB:

FACILITY: Snohomish School District

RECORD PAGE COUNT: 252

I am a duly authorized custodian of those education records of which copies are herewith delivered, and I have the authority to certify records for SNOHOMISH SCHOOL DISTRICT.

The copies herewith are true and correct copies of the records in the custody of the Snohomish School District and described in the request. The records were prepared by personnel of the persons acting under the control of Snohomish School District, in the ordinary course of business, at or near the time of the act, condition, or event described or referred to herein.

Sincerely,

(Printed Name): Kimberly Radue
Records Custodian for
Snohomish School District

Date Signed: 9/22/21