

ORDER NO: 19070204.20

KATHERINE WESCH  
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10/15/2021

# CERTIFICATION

The Records Custodian For: **Snohomish School District**

Answer the Following Questions Regarding:

Date of Birth: [REDACTED] Social Security Number: **xxx-xx-2412**

1. Please state your name, name of business, address and telephone number:

Snohomish School District  
Kimberly Radak  
1101 Ave. D  
Snohomish, WA 98290

2. Are you the authorized record custodian/librarian?

☒ YES ☐ NO: Explain: \_\_\_\_\_

3. Are the attached documents the complete **Academic Records** of the above-named facility regarding the above named person from **Any and All Dates**?

☒ YES, the following questions (3.1) MUST be completed:

3.1 How many pages of **Academic Records** are you providing T-Scan? 104

☐ NO. What documents have been omitted? \_\_\_\_\_

4. Were these records created, kept and maintained by the above-named entity in the regular course of business at or near the time of the act, condition or event recorded herein?

☒ YES ☐ NO: Explain: \_\_\_\_\_

5. If photocopies have been made of the original records, were copies made under your direction and control and are they true and correct copies?

☒ YES ☐ NO: Explain: \_\_\_\_\_

## MARK BELOW IF NO RECORDS EXIST:

\_\_\_\_ I certify that this facility **does not** have records pertaining to the above-named individual and/or time frame as requested, due to the following:

\_\_\_\_ No dates of service exist.

\_\_\_\_ The records have been destroyed in compliance under state laws.

\_\_\_\_ The records are maintained by the following facility: \_\_\_\_\_

\_\_\_\_ Other, Explain: \_\_\_\_\_

**I hereby certify and declare under the penalty of perjury in accordance with the laws of the State of Washington, that the foregoing is true and correct.**

X Kimberly Radak  
 Authorized Custodian or Representative Signature

Dated at Snohomish, WA, this 15<sup>th</sup> of October, 2021.

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