ORDER NO: 19020380.24 KATHERINE WESCH EMAIL: KATHERINE WESCH@TSCAN.BIZ PHONE (206) 285-6322 FAX: (800) 238 7307



T-SCAN CORPORATION 4200 23RD AVENUE WEST SFATTLE, WA 98199-1283



10/15/2021

CERTIFICATION

The Records Custodian For: Snohomish	School District
Answer the Following Questions Regarding: Date of Birth:	Social Security Number: xxx-xx-6779
Please state your name, name of husiness, address and to Scohomish School District Kimberty Radest 1001 Ave. D Suphamish, U.S. 98290	
2. Are you the authorized record custodian/librarian? YESNO: Explain:	444
 Are the attached documents the complete Academic R from o6/o7/2007 to present? 	ecords of the above-named facility regarding the above named person
YES, the following questions (3.1) MUST	be completed:
3.1 How many pages of Academic Records	are you providing T-Scan?
	10 student on file with this mane or birthdal
of the act, condition or event recorded herein? YES X NO: Explain: YE	vere copies made under your direction and control and are they true and
MARK BELOW IF NO RECORDS EXIST:	
X I certify that this facility <u>does not</u> have records requested, due to the following:	pertaining to the above-named individual and/or time frame as
No dates of service exist.	
The records have been destroyed in complia	ince under state laws.
The records are maintained by the following	g facility:
Other, Explain: _Student 15 Not	in our database
that the foregoing is true and correct. x	rijury in accordance with the laws of the State of Washington,
Authorized Custodian or Representative Signature	N
Dated at Snohomish , WA, this 191	of October .2021.
KATHERINE WESCH	PHONE: (206) 285-6322

EMAIL: KATHERINE.WESCH@TSCAN.BIZ

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