

## **DECLARATION UNDER PENALTY OF PERJURY**

1.	I have requested a list of individuals from the South Whidbey School District.		
2.	I am requesting the list of individuals on behalf of (specify which one applies):		
	My Own Personal Behalf (sk	•	
		omplete a. – d. before proceeding to 3.)	
	•	ss, the name of the organization or business is:	
	•	s, the purpose of the organization or business is:	
	_	s, the mailing address and website address are:	
	_	ss, (i) it is a professional association or educational organization	
		sing or examination board, and (ii) the request is for a list of	
		and of professional licensees of the subject area of the association	
	or organization: Yes		
3.	The purpose in making this request	for the list of individuals is:	
4. :		d to generate revenue or financial benefit from using the list of	
	iduals:YesNo	d to solicit money or financial support from any of the individuals on	
	st: Yes No	to solicit money of illiancial support from any of the illuviduals of	
1116 1151 6.		d to make individuals on the list aware of business commercial	
	_	usiness/financial opportunities: Yes No	
7.	•	d to supply or sell the list of individuals to any organization or	
	•	ther than myself or the organization or business listed in paragraph	
	r any other entity: Yes N		
2), Oi 6 >	If yes, to whom:	0	
8.	•	that another law authorizes or directs the agency to provide me or	
	rganization/business the list of individu		
>	-	100 <u> </u>	
•	ii yee, previde opeoine citation.		
I certif	ify under penalty of periury under the l	aws of the State of Washington that the foregoing is true and	
		at I have read the first page of this declaration form and I	
		be provided to me or to my organization or business by a public	
		cial purpose. I certify under penalty of perjury that any list of	
•	iduals I or my organization or business		
[#/date/name] to the South Whidbey School District will not be used for any			
comm	mercial purpose in violation of RCW 42	2.56.070(8).	
DATE	ED thisof	,in	
0: .	(D)		
•	ature of Declarant	Print Name	
	arant's Title (if any):		
Declar	arant s Contact Information (Phone or on the completed declaration form (both side	email, or both):es) to the Public Records Officer via upload to your request in Next Request	
Return	n the completed declaration form (both side	es) to the Public Records Officer via upload to your request in Next Request	

as an attachment, email to info@sw.wednet.edu or mail via post to SWSD - PRR, 5520 Maxwelton Road, Langley, WA 98260.