

Form B

(OSPI Form D-320 , Rev 11/03)

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

Chairman	HOME ADDRESS (Street, PO Box, City, State)	
Name		
Replaces		Zip Code

	HOME ADDRESS (Street, PO Box, City, State)	
Name		
Replaces		Zip Code

	HOME ADDRESS (Street, PO Box, City, State)	
Name		
Replaces		Zip Code

	HOME ADDRESS (Street, PO Box, City, State)	
Name		
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	HOME ADDRESS (Street, PO Box, City, State)	
Name		
Replaces		Zip Code

	HOME ADDRESS (Street, PO Box, City, State)	
Name		
Replaces		Zip Code

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

OSPI FORM D-320

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
Office of Superintendent of Public Instruction Old Capitol Building
PO BOX 47200
OLYMPIA WA 98504-7200