**APPLICATION SIGNATURE PAGE**

***By checking the below box and typing out my name, I acknowledge that I have completed the application to the best of my ability with information that is true and correct. I further acknowledge continued understanding of and adherence to the College and program professionalism contract signed at the New Student Orientation. WWU has my permission to release this application to school district personnel for placement purposes.***

***I also give permission to WWU and OFE to provide information as requested by a confirmed or potential school district relating to the following:***

* ***Vaccination status (including COVID vaccination or exemption)***
* ***FBI Fingerprint Clearance and expiration date***
* ***Character Clearance and expiration date***

Check acknowledges the above

Type your full name here

Date of signature