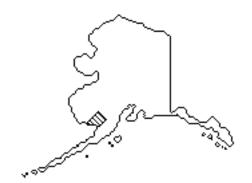


Southwest Region Schools

P.O. Box 90 Dillingham, Alaska 99576

Phone (907) 842-5287 Fax (907) 842-2153



## **OATH OF AFFIRMATION**

| I,Constitution of the United Sta | _, do solemnly swear that I will support and defend the ites and the Constitution of the State of Alaska and that I |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------|
|                                  | npartially discharge my duties as a School Board member to                                                          |
| the best of my ability.          | inpuriously discharge my daties as a sensor board member to                                                         |
|                                  |                                                                                                                     |
|                                  |                                                                                                                     |
|                                  | Signature                                                                                                           |
|                                  |                                                                                                                     |
|                                  | Date                                                                                                                |
|                                  |                                                                                                                     |
| WITNESS:                         |                                                                                                                     |
|                                  |                                                                                                                     |
|                                  |                                                                                                                     |
| Signature                        |                                                                                                                     |
|                                  |                                                                                                                     |
|                                  |                                                                                                                     |
| Date                             |                                                                                                                     |