

**MARIN COUNTY SCHOOLS**  
**OFFICIAL SIGNATURE OF TRUSTEE**

School District: \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Printed Name of Trustee Phone Number

\_\_\_\_\_  
Address of Trustee

\_\_\_\_\_  
Date Signed Date Elected or Appointed

\_\_\_\_\_  
Signature of Witness

Please return completed signature card to: Marin County Superintendent of Schools,  
P.O. Box 4925, San Rafael, CA 94913. Thank you.

Official signature filed with the County Superintendent of Schools, as required by Education Code Section 42633.