



Staff Attorney / Administration
Certificate of Authenticity

I hereby certify, pursuant to §90.902, F.S., the following:

I, (name) _____, am the (position) _____
at (department/site) _____
(address) _____

In my capacity as (title) _____, I am the custodian of the attached records pertaining to (name of employee or student) _____ and hereby certify that the attached records are true and correct copies of the official original records maintained by The School Board of Alachua County, Florida ("School Board") at (name of department/site) _____, and that such records were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person having knowledge of those matters contained in such records. Further, I certify that such records are regularly kept by the School Board, and that such records are kept as a regular practice and in the regular course of School Board's business activities.

Dated at (city) _____, Alachua County, Florida on (date) _____

(name/title)

(department/site name)

STATE OF FLORIDA:
COUNTY OF ALACHUA:

SWORN AND SUBSCRIBED to me by means of physical presence or online notarization by (name/title) _____,
on the _____ day of _____, 20_____.

Personally known OR produced identification

Type of identification produced: _____

Notary Public, State of Florida

My Commission Expires: