



## School Certification of Resolution Process Documents

I, \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
Printed name Title Name of School

certify that I have personally reviewed the attached documents submitted as part of the enrollment audit resolution process and that the information reported is true to the best of my knowledge, information, and belief.

BY SIGNING BELOW, I CERTIFY THAT I HAVE THE AUTHORITY TO CERTIFY THE ACCURACY AND RELIABILITY OF THIS INFORMATION FOR MY SCHOOL. OSSE strongly recommends the head of school be the authorized representative. However, if the school chooses to authorize another individual to certify the submission, the school remains fully responsible for the accuracy and reliability of the submission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This certification form must be attached to the resolution documentation given to the auditor.*