

I have received the *Licensure Code of Professional Conduct for Ohio Educators*. It is my responsibility to read and abide by all information provided. It is also my responsibility to sign and provide the following form to the Lakota Local School District Human Resources Department.

PRINT NAME: _	Matthew J. Miller	
SIGNATURE:	Mille 1 Mile	
JOB TITLE:	Superintendent	
DATE:	2/18/19	