

**CERTIFICATE OF APPOINTMENT  
For the Wauzeka-Steuben School District**

Name: \_\_\_\_\_

**TO BE FILLED OUT BY PROVIDER**

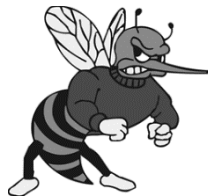
Had an appointment at this office on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Arrived: \_\_\_\_\_ Time Left: \_\_\_\_\_

*This is to serve as an appointment excuse only for length of appointment and traveling time unless otherwise indicated.*

Remarks: \_\_\_\_\_

Please **STAMP** with signature or office address stamp below. **This is a "generic" appointment slip and is not valid without a STAMP.**



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