**Waiver Affidavit**

**District:**

**Address:**

I, (Name), do depose and state as follows:

1. I am the (position) for (SAU/CDS/private school, plus Mailing Address)
2. (name of Candidate, including middle initial and DOB) is being nominated for a (code/endorsement/grade level)
3. (name of candidate) lacks the necessary certification/ authorization for the position.
	1. The position is essential to implementation of Maine’s system of learning results for the following reasons:

OR

* 1. The inability of (School administrative unit/CDS site/ Private school) to obtain a properly certified individual for the position was unforeseeable because:

OR

C. (School administrative unit/CDS site/private school) requires a waiver in order to be in compliance with the following state or federal laws:

(describe violation or attach finding of noncompliance)

I declare under penalty of perjury that the above statements are true and correct.

Date: Signature:

Title: