

OATH OF ALLEGIANCE

(Last Name)

(First Name)

(Initial)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge, according to the best of my ability the duties of the position of _____ at Marion Central School to which I am assigned.

Signature of Teacher

Street Address

City, State and Zip Code

Sworn to before me this _____
day of _____ 201____

Official Position