CERTIFICATE OF APPOINTMENT OF CLERK

THIS IS TO CERTIFY, that at a ☐ regular or ☐ special meeting of the Board of Trustees of School District No._____ of _____, County _____, State of Montana, which was held on the _____ day of _____, 20____, was duly appointed to fill the office of District Clerk to serve at the pleasure of the Board for a _____ year term.

Trustees for District No. _____

Trustee: _____
Trustee: _____
Trustee: _____
Trustee: _____
Trustee: _____
Trustee: _____
Trustee: _____

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States, and the Constitution of the state of Montana, and that I will discharge the duties of my office with fidelity (so help me God).
Subscribed and sworn to before me this _____ day of _____, 20 ____

Print Name of Clerk: _____

Signature of Clerk: _____

Print Name of County
Superintendent (or Designee): _____
Signature of County
Superintendent (or Designee): _____

Note: This form is to be presented to the Clerk after the trustees' organizational meeting.
20-1-202 and 20-3-325, MCA