

**Virginia Department of Education**

Authorization of Signature in Absence of Division Superintendent  
Suffolk City Public Schools

The School Board of the Country, City, or Town of **Suffolk City** at a meeting held on \_\_\_\_\_ by duly recorded vote approved and authorized the person(s) listed below to sign all Virginia Department of Education reports, documents, requisitions, and other official correspondence in the absence of the Division Superintendent.

<b>Dr. Okema Branch</b>	<b>Rodney Brown</b>
Chief Academic Officer	Chief
Chief Academic Officer	Chief of Administrative Services
Signature: <b><u>Signature on File</u></b>	Signature: <b><u>Signature on File</u></b>
Authorization Approved through: <b><u>December 31, 2024</u></b>	Authorization Approved through: <b><u>December 31, 2024</u></b>
Extended through: _____	Extended through: _____

This is to certify that the signature authorization action was approved and incorporated in the minutes of said School Board on the aforementioned date.

\_\_\_\_\_  
Signature of Division Superintendent

\_\_\_\_\_  
Printed Name of Division Superintendent

\_\_\_\_\_  
Signature of School Board Chair

\_\_\_\_\_  
Printed Name of School Board Chair

Seal of Clerk of the School Board

\_\_\_\_\_  
Signature of Clerk of the School Board

\_\_\_\_\_  
Printed Name of Clerk of the School Board

Date: \_\_\_\_\_

Mail to: Virginia Department of Education  
Educational Applications  
22nd Floor  
P.O.Box 2120  
Richmond, VA 23218-2120