|  |  |  |
| --- | --- | --- |
| **New Program Owner Departure Notification** | | |
| 1. **Program Information** | | |
| **Program Name:** | | **Program Number:** |
| **Person making the notification:** | | **☐ Program Director ☐ Owner** |
| **Date submitting request:** | **Departure date:** | |
| **Departing owner(s):** | | |
| 1. **Email Return** | | |
| **Please print, sign, and return both items together to:**  [**WABONEducation@doh.wa.gov**](mailto:WABONEducation@doh.wa.gov%20V) | | |