

PASSED AND ADOPTED by the Governing Board of the

ALBANY CITY UNIFIED

School District on this **13th** day of **August, 2024**, by the following vote:

AYES:

NOES:

ABSENT:

ABSTENTIONS:

By approval of this resolution, I hereby certify that the signature(s) appearing above are true and were affixed in my presence.

Date

Signature, President of the Governing Board

All authorized agents remain unchanged from the prior fiscal year. Please consider the Resolution No. _____ from Fiscal Year _____ as our current list of signers. (There is no need to go before the board with a new resolution).

Date

Signature, President of Governing Board