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## **Fax Transmission**

Attention to:- From:-

Name: Office of Instructional Materials Name: Campbell, Yvonne

Company: Florida Department of Education Company: Florida Memorial University

Date: 2013-10-25 Telephone: Time: 03:28:03 P Pages: 2

**RE: Avvidavidt of State instructional Materials Reviewers (Reviewer)** 

**Comments/Notes:** 



## AFFIDAVIT OF STATE INSTRUCTIONAL MATERIALS REVIEWERS (REVIEWER)

I hereby swear or affirm that I will faithfully discharge the duties imposed upon me as a State Instructional Materials Reviewer under provisions of Section 1006.30, Florida Statutes; that I have no interest and that, while a Reviewer, I will assume no interest as author, as associate author, as publisher, or as representative of a publisher or manufacturer of any instructional materials; that I am in no way connected with the distribution of such materials; that I have no pecuniary interest and that, while a Reviewer, I will assume no pecuniary interest directly or indirectly in the business or profits of any person, firm, or corporation engaged in manufacturing, publishing or selling instructional materials designed for use in classroom teaching; that I will not accept any emolument or promise of future reward of any kind from any publisher or manufacturer of instructional materials, his agent, or anyone interested in or intending to bias my judgment in any way in the selection of instructional materials to be adopted. I will not discuss matters relating to instructional materials submitted for adoption with any agent of a publisher or manufacturer of instructional materials, either directly or indirectly, except during the publisher's or manufacturer's presentation for the purpose of evaluating instructional materials submitted for adoption.

Reviewer's Name (Please print)

Alteobell
Reviewer's Signature
Sworn and subscribed before me this
25 day of Oct., 2013.
atro
Robel E. and
Notary Public, State of FLORIDA
Personally Known
Produced Identification
Type:
Notary Seal  RACHEL E. TURNER  Commission # EE 196720  Expires May 8, 2016  Bonded Thru Tray Fain Insurance 900-385-7019