

**LOYALTY OATH**

I \_\_\_\_\_ a  
(First Name) (Middle I) (Last Name)

Citizen of the State of Florida and of the United States of America and being employed by or an officer of The School Board of Brevard County and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Employee

STATE OF FLORIDA

COUNTY OF BREVARD

Sworn to and subscribed before me by means of  physical presence or  online notarization, this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Date Month Year

Personally known to me OR produced \_\_\_\_\_  
as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed, Printed or Stamped Name of Notary

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public Commission Number