
District Name

Disclosure Release

[District submits this form to three most recent employers of applicant that are education providers.]

To:

Education provider:
<i>Attn: Personnel Department</i>
Street Address:
City, State, Zip:

The applicant named below is under consideration for employment in our district. As a current or former education provider employer listed by the applicant pursuant to ORS 339.374, please provide the information requested below within 20 days as required by ORS 339.378.

Applicant name (first, middle, last):
Dates of employment: to
Position(s) held:

I authorize you to release to the district listed above all information related to any substantiated reports of abuse under ORS 419B.005 and sexual conduct under ORS 339.370 to ORS 339.400. Such information includes all related documents. I release the above employer and any employees or agents acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature

Date

This section to be completed by current or former education provider employer only.

Dates of employment: _____ to _____ No record of employment

Position(s) held: _____

Did the education provider conduct an investigation and determine that the employee was the subject of a substantiated report of abuse or sexual conduct related to the applicant's employment with the education provider? No Yes

List dates of any substantiated reports: _____

Attach the definitions of "abuse" and "sexual conduct" used by the education provider when the education provider determined that any reports were substantiated, and the standards used by the education provider to determine whether any reports were substantiated.

Former Employer Representative Signature

Date

Printed Name

Job Title

Return completed information to:

District Name

Address

Questions?

Call: _____