To:

## (District Name) Disclosure Release\*

Education Provider:				
Attn: Personnel Departme	ent			
Street Address:				
City, State, Zip:				
	yed with your organiza	ition. As a former e	n our district. This individual mployer, please provide the 339.374.	
Applicant name:				
[first,	middle, last]			
Dates of employment:			No record of employmen	
Positions held:				
eports of child abuse, sexu Such information includes a	ual conduct under ORS all related documents. g on behalf of the empl	S 339.370, or crime I release the above		
pplicant Signature		D	Date	
This section to be completed	by previous employer o	nly.		
The employee was w conduct related to the applic	vas not the subject of a sant's employment with th			
Dates of any substantiated r Please attach the definitions provider determined that any determine whether any repo If the employee was convicted disciplinary records as require	of child abuse and sexu- reports were substantia rts were substantiated. ed of a crime listed in OR	ted and the standard	•	
Former Employer Represent	ative Signature		Date	
Printed Name		Job Title		
Return completed information	to:			
Questions? Call:	(District)	(District	Address)	

[\*District submits this form to previous employers that are education providers]