



## WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

|                              |  |
|------------------------------|--|
| To: SCHOOL DISTRICT EMPLOYER | <input type="checkbox"/> No prior school district employment |
| PERSONNEL DEPARTMENT         |  |
| STREET ADDRESS               |  |
| CITY, STATE, ZIP             |  |

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87 and WAC 180-88. Your assistance is appreciated.

|  |                 |
|--|-----------------|
| APPLICANT'S NAME (FIRST, MIDDLE, LAST)         |                 |
| FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION |                 |
| SOCIAL SECURITY NUMBER                         | CERTIFICATE NO. |
| APPROXIMATE DATES OF EMPLOYMENT                |                 |
| POSITION(S)                                    |                 |

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees 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 former school district employer(s) only.**

|   |  |
|---|--|
| <input type="checkbox"/> No sexual misconduct materials were found.<br><input type="checkbox"/> Yes, sexual misconduct materials are available.<br>Please contact for more information.<br><input type="checkbox"/> No record of employment | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

\_\_\_\_\_  
Former Employer Representative Signature Title Date

Employing School Receipt Date \_\_\_\_\_ Received By \_\_\_\_\_

Return all completed information to:

|  |                       |
|--|-----------------------|
| SCHOOL DISTRICT<br>BAINBRIDGE ISLAND SCHOOL DISTRICT |                       |
| ADDRESS<br>8489 Madison Ave NE                       | PHONE<br>206.842.4714 |
| STATE<br>Bainbridge Island, WA 98110                 | FAX<br>206.842.2928   |