



**CONFIDENTIAL**  
**SCHOOL LIABILITY RELEASE FORM**

**INTERVIEWER**

Name \_\_\_\_\_

Date \_\_\_\_\_

Agency Represented \_\_\_\_\_

- Law Enforcement
- Division Child and Family Services

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**STUDENT TO BE INTERVIEWED**

Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

**RELEASE**

As the interviewer requesting permission to interview the above-named student, I do hereby agree to the following:

1. I am accepting full responsibility for the above-named student during the course of my interview; thereby, releasing Davis School District and all School District personnel from any and all liability resulting from the occurrence of this interview.
2. I understand that according to Utah Code Ann., Section 62A-4a-409 that a parent/guardian must be informed **prior** to the interview, unless the alleged perpetrator is the child's parent, step-parent, or a parent's paramour then in such case a parent/guardian must be informed **within 24 hours** of the interview.
3. I agree to accept full responsibility to contact the parent/guardian of this student relating to this interview in accordance with Utah law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Interviewer Signature

<b>VERIFICATION (District Use Only)</b>			
Verification of Interviewer:		<input type="checkbox"/> Name Badge	<input type="checkbox"/> Organization Card
_____ Date	_____ Time	_____ Signature of Verifier	
_____ Position of Verifier		_____ Printed Name of Verifier	
Comments:			

- Give copy to school principal for filing in principal's Child Abuse or Neglect File.
- Send copy to the Student Services Coordinator at the District Office.