

**COMMONWEALTH OF PENNSYLVANIA**  
**SEXUAL MISCONDUCT/ABUSE DISCLOSURE INFORMATION REQUEST**  
 (under Act 168 of 2014)

**(Hiring school entity or independent contractor submits this form to current and/or former employer(s) who provided affirmative responses to the sexual misconduct and/or abuse questions on the Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release Form)**

To: Name of Current or Former Employer:

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Street Address:

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City, State, Zip:

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Telephone Number:	Fax Number:	Email:
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Contact Person:	Title:
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Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s):	

The above named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears above has reported current or previous employment with your entity, and you acknowledged that the applicant:

Was the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency.

Was disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct.

Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct.

**Accordingly, pursuant to Act 168 of 2014, you must provide additional information about the affirmative response, including all records/documents/materials in your possession or control related to the affirmative response.**

**We request you provide the information requested on this form within 60 calendar days as required by Act 168 of 2014. Please return to:**

School Entity/Independent Contractor:	
Address:	Phone:
City:                      State:                      Zip:	Fax:                      Email:
Contact Person:	Title: