

Roseburg School District
1419 NW Valley View Dr., Roseburg, OR 97471
541-440-4014
WITNESS DISCLOSURE FORM
(SUBMIT TO THE HUMAN RESOURCES DIRECTOR)

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Description of Instance Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____