ORANGEBURG COUNTY SCHOOL DISTRICT

VOLUNTARY STATEMENT

I, _____, am about to make known to

_____ regarding the facts I am about to state. I volunteer the following information of my own free will, for whatever purposes it may serve.

DOB_____

Address_____ City_____

Zip_____ Phone_____

_____

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_____

I have read each page of this statement consisting of _____ page(s). Each page which bears my signature. Each correction, if any, bears my initial. I certify that the facts contained herein are true and correct.

Date at:_____, this _____ day of _____ 20_____

WITNESS: _____ _____

SIGNATURE OF PERSON GIVING VOLUNTARY STATEMENT

WITNESS: _____

SIGNATURE OF PERSON GIVING VOLUNTARY STATEMENT & DATE