

**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: \_\_\_\_\_

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\_\_\_\_\_

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Any Other Information: \_\_\_\_\_

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\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_