Riverdale School District

WITNESS DISCLOSURE FORM

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: _____