



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

FAILURE TO SIGN THIS FORM WILL PREVENT EMPLOYMENT OPPORTUNITIES WITH BELLINGHAM SCHOOL DISTRICT.

Please Print

Applicant Name (Last, First, Middle) _____ Former Name(s) _____ Social Security Number _____

I have worked for another P-12 school (public or private), either within or outside the United States. Yes No

If you answered "yes" to the above question, please list below the name and address of the school(s) for which you have worked and the approximate dates of employment for each: (Attach additional form(s), if necessary)

School/District Name	Address	
-----		Dates of Employment
Position(s) Held		
School/District Name	Address	
-----		Dates of Employment
Position(s) Held		
School/District Name	Address	
-----		Dates of Employment
Position(s) Held		

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct committed by me as defined by the state board of education. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

→ _____
Applicant Signature _____ Date _____

To: Human Resources Department:

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears above has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87-080. Your assistance is appreciated.

<input type="checkbox"/> No sexual misconduct materials were found.	Complaint of sexual misconduct
<input type="checkbox"/> Yes, sexual misconduct materials are being forwarded to the requesting school district.	was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No record of employment	
_____	_____
Former Employer Signature	Title _____ Date _____

Employing School Receipt Date _____ Recipient Name _____

Return all completed information to: Phone (360) 676-7766 / FAX (360) 676-2793

Bellingham School District #501 Attn: Human Resources
1306 Dupont St.
Bellingham, WA 98225