



Quincy School District 144 - 101

Improving the Life Choices for All Students

Sexual Misconduct Disclosure Release Form

The Legislature has determined that additional safeguards are necessary in the hiring of school district/educational service district employees to ensure the safety of Washington's school children. To provide this additional safeguard, the attached form is required for all applicants.

- Complete the form attached – one for **EACH** district/ESD where you have worked. (Please feel free to make copies)
- Fill in the name and address of the school district/ESD in the top section.
- Fill out your name and information in the middle section.
- Sign and date below the authorization section.
- The original form(s) will be kept with your application file until you are being considered for hire.
- You may either send the disclosure forms to your previous employers or send/return to the Quincy School District for distribution of the Sexual Disclosure Release Form.
- Prior employers must then return the completed form to Quincy School District.

*Hiring is contingent upon information provided on the returned form(s).



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

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 below 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 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. 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

This section to be completed by former school district employer(s) only.

- | | |
|--|--|
| <input type="checkbox"/> No sexual misconduct materials were found. | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sexual misconduct materials are available.
Please contact for more information. | |
| <input type="checkbox"/> No record of employment | |

Former Employer Representative Signature _____ Title _____ Date

Employing School Receipt Date _____ Received By _____

Return all completed information to:

SCHOOL DISTRICT Quincy School District	
ADDRESS 119 J ST SW	PHONE 509-787-4571
STATE WA	ZIP 98848
	FAX 509-787-4336