



STANFIELD SCHOOL DISTRICT

1120 North Main Street
Stanfield, OR 97875
www.stanfield.k12.or.us

Disclosure Release Authorization

To:

Education Provider
Personnel Department
Street Address
City, State & Zip

The applicant named below is under consideration for employment in our district. The individual has previously been employed with your organization. As a former employer, we request you provide the information requested on this fom1 within 20 business days pursuant to ORS 339.374.

Applicant Name (First, Middle, Last)	
Dates of Employment	<input type="checkbox"/> No Record of Employment
Positions Held	

I authorize you to release to the district listed below, all information related to any substantiated reports of child abuse, sexual conduct or crimes listed in ORS 342. 143. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant's Signature

Date

This section to be completed by previous employer only.

The employee ☐ was ☐ **was not** the subject of a substantiated report of child abuse or sexual conduct related to the applicant's employment with the education provider.

- Dates of any substantiated reports: _____

Please attach the definitions of child abuse and sexual conduct used by the District when the education provider determined that any reports were substantiated and the standards used by the District to determine whether any reports were substantiated.

Former Employer Representative Signature

Date

Printed Name

Job Title

Return completed information to:

Stanfield School District Fax: (541) 449-8768
1120 North Main Street kris.james@stanfieldsd.org
Stanfield, Oregon 97875
Phone: (541) 449-8766