



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Office of Professional Practices  
 Old Capitol Building  
 PO BOX 47200  
 Olympia WA 98504-7200

## WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

**To:**

SCHOOL DISTRICT EMPLOYER
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 180-87 and WAC 180-88. Your assistance is appreciated.

**Return all completed information to:**

SCHOOL DISTRICT Central Kitsap School District/Human Resources Department	
ADDRESS PO Box 8, Silverdale, WA 98383	
PHONE 360-662-1680	FAX Please call for FAX number to ensure confidentiality

Employing School Receipt Date \_\_\_\_\_ Recipient Name \_\_\_\_\_

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 above, 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

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information. <input type="checkbox"/> No record of employment.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Former Employer Representative Signature	_____ Title
_____ Date	