WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

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

To:

SCHOOL DISTRICT EMPLOYER	☐ 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.

☐ No sexual misconduct materials were found.
☐ Yes, sexual misconduct materials are available. Please contact for more information.
☐ No record of employment

Was a complaint of sexual misconduct filed with OSPI? ☐ Yes ☐ No

Former Employer Representative Signature _____ Title _____ Date _____

Employing School Receipt Date _____ Received By _____

Return all completed information to:

SCHOOL DISTRICT		
Wenatchee School District No. 246 Attention: Dianna Miller		
ADDRESS		PHONE
235 Sunset Avenue,		509.663.8161
STATE	ZIP	FAX
Wenatchee, WA	98801	509.663.3082

FORM SPI 1588 (Rev. 6/07)