

Morrow County School District

Code: **GBN/JBA-FORM(2)**
Adopted: 5/12/03
Rescind: 9/3/2020

Witness Disclosure Form

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Description of Instance Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____