

SOUTH CENTRAL CALHOUN  
Board of Education

Date  
Approved: 12/17/07

Date  
Reviewed: 08/14/17  
06/19/23

Date  
Revised: 10/12/2020

104.E2  
WITNESS DISCLOSURE FORM

Name of Witness: \_\_\_\_\_

Position of Witness: \_\_\_\_\_

Date of Testimony, Interview: \_\_\_\_\_

Description of Incident Witnessed: \_\_\_\_\_

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Any Other Information: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_