



# SCHOOL LIABILITY RELEASE FORM

### INTERVIEWER

Name \_\_\_\_\_ Date \_\_\_\_\_

Agency Represented \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

### STUDENT TO BE INTERVIEWED

Name \_\_\_\_\_ School \_\_\_\_\_

### RELEASE

As the interviewer requesting permission to interview the above-named student, I do hereby agree to the following:

1. I am accepting full responsibility for the above-named student during the course of my interview; thereby, releasing Provo City School District and all School District personnel from any and all liability resulting from the occurrence of this interview.
2. I understand that according to Utah Code Ann. Section 62Ay-4ay-409 that parent(s)/guardian(s) must be informed **prior** to the interview unless the alleged perpetrator is the child's parent(s), stepparent(s), a parent's paramour, or guardian(s), then in such case parent(s)/guardian(s) must be informed **within 24 hours** of the interview.
3. I agree to accept full responsibility to contact the parent(s)/guardian(s) of this student relating to this interview in accordance with Utah law.

_____	_____	_____
Date	Time	Interviewer Signature

### VERIFICATION (District Use Only)

Verification of Interviewer:  Name Badge  Organization Card

_____	_____	_____
Date	Time	Signature of Verifier

_____	_____
Position of Verifier	Printed Name of Verifier

Comments:

- Give copy to school principal for filing in principal's Child Abuse or Neglect File.
- Send copy to the Student Services Director at the District Office.