



CONFIDENTIAL
SCHOOL LIABILITY RELEASE FORM

INTERVIEWER

Name _____ Date _____

Agency Represented _____ Law Enforcement
 Division Child and Family Services

Address _____ Telephone _____

STUDENT TO BE INTERVIEWED

Name _____ School _____ Grade _____

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 Nebo 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 62A-4a-409 that a parent/guardian must be informed **prior** to the interview, unless the alleged perpetrator is the child's parent, step-parent, or a parent's paramour then in such case a parent/guardian must be informed **within 24 hours** of the interview.
3. I agree to accept full responsibility to contact the parent/guardian 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 Coordinator at the District Office.