

VINELAND SCHOOL DISTRICT

SWORN DECLARATION OF WITNESS REQUESTING TO REMAIN ANONYMOUS

Information about the person completing this form

Name _____

I am a _____ **Student** _____ **Parent** _____ **Staff**

I am the _____ **Victim** _____ **Accused** _____ **Witness**

In the matter of the possible _____ **expulsion** _____ **suspension** _____ **other disciplinary action**
I believe that the disclosure of my identity and/or my testimony as a witness would subject to risk of harm.

I wish to remain anonymous because: _____

I declare under penalty of perjury that the information provided on this form is accurate and true.

Signature of the person completing this form _____ **Date** _____

Name of the person receiving this form _____ **Date** _____