

**Human Resources** 

Jennifer Stevenson, Assistant Superintendent

Signature:

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## **VOLUNTARY WITNESS STATEMENT**

Directions: The following is a description of what was actually seen or heard by the witness making this statement which is relevant to a matter currently being investigated by the school administration. This statement will be retained as part of the investigation into the matter. If more space is needed, please use additional paper.		
Name:	Position:	Location:
Describe what happened, what you saw, and/or what you heard:		
I hereby declare under penalty of perjury that the above statement is true and accurate.		
Print Name:		Date:

Date: