COMMONWEALTH OF PENNSYLVANIA SEXUAL MISCONDUCT/ABUSE DISCLOSURE INFORMATION REQUEST

(under Act 168 of 2014)

(Hiring school entity or independent contractor submits this form to current and/or former employer(s) who provided affirmative responses to the sexual misconduct and/or abuse questions on the Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release Form)

Street Address:				
City, State, Zip:				
Telephone Number:	Fax Number:		Email:	
Contact Person:	I	Title:	I	
Applicant's Name (First, Middle, Last):		•		
Any former names by which the Applican	t has been identified:			
DOB:				
Last 4 digits of Applicant's Social Security	y Number:	PPID	(if applicable):	
Approximate dates of employment with the	ne entity listed above:			
Position(s):				
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