

**Declaration and Authorization to Release Information**

**RCW 28B.112.08**

I, \_\_\_\_\_, hereby declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand failure to provide complete and accurate information in response to the above questions will result in disqualification from employment at Shoreline Community College, withdrawal of any offer of employment, and/or termination from employment.

By my signature, I certify that I have provided to Shoreline Community College a complete list of postsecondary institutions at which I am or have been employed, and I authorize these institutions to disclose to Shoreline Community College information, if any, regarding sexual misconduct committed by me, and to make available all documents and information in my current or former personnel, investigative, or other files relating to any sexual misconduct, including sexual harassment, by me. I agree to execute any additional forms required by my current or former employer(s) to release such information to Shoreline Community College, and by my signature, I hereby release all current and former employers from any and all claims and liability arising from the disclosure of the information described in this paragraph.

I further authorize **Shoreline Community College** to contact my current or former employer(s) to verify the information I have furnished.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ at (city or county) \_\_\_\_\_

\_\_\_\_\_  
Signature

**Postsecondary Institutions at which I am or have been previously employed (Please list all and use the back of this form if additional space is needed):**

Name of Institution	Location	Dates of employment	Position(s) Held

**This section to be completed by current/former employer(s) only.**

- Our records **do not** indicate that the above-named individual committed any sexual misconduct, including sexual harassment, while employed by our institution.
- Our records **do** indicate that the above-named individual has engaged in sexual misconduct while employed by our institution or is being investigated for sexual misconduct. Please contact for more information and documents.
- No record of employment found.

Current / Former Employer \_\_\_\_\_

Current / Former Employer Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_

Current / Former Employer Representative Title \_\_\_\_\_

**Employers: Please complete and return this form within 5 business days to: [hrdeclarations@shoreline.edu](mailto:hrdeclarations@shoreline.edu).**