IRVINE UNIFIED SCHOOL DISTRICT

Student Statement (Voluntary)

Directions: This written statement is an opportunity for a student to voluntarily document his/her version of the incident which prompted the investigation. Students must be informed of their right to make this statement, but also that it is voluntary on their part. The fact that he/she chooses not to make a written statement cannot be held against him/her. Students may wish to address the following thought, but a response is not required. Describe what happened and, if you know, what caused it to happen. If more space is needed, please use additional paper.

☐ Due to unreasonable risk of physical or psychological harm I am requesting to remain anonymous. I believe that I am subject to risk because of the following: (List specific reasons and what you expect the result would be if your name were known or if you testified in person at a hearing or meeting.)

_____
_____
_____
_____

Student's Name: **DOB:** **Permanent ID:**
(Please Print)

Incident description/cause:

_____
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_____

I hereby declare under penalty of perjury that my statement is a true and accurate one.

Signed: _____ **Date:** _____

☐ **Student does not desire or refuses to make a statement.**

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I hereby declare under penalty of perjury that my statement is a true and accurate one.

Signed: _____ **Date:** _____