

Clayton County School System Witness Statement

Statement of			
that I may be call	ed on to testify or prov	considered part of the official invide written or verbal clarifying stunt of the case to the best of my	tatements. The
Name:			
Title/Position:		Date of Statement:	
Address:			
State:	Zip Code:	Phone #:	
•••••			
•••••			

Signature Witnessed By.....



Clayton County School System Witness Statement

Page No.

Continuation Statement/Interview of



Clayton County School System Witness Statement

Page No.

Continuation Statement/Interview of
Please list any witnesses or individuals who may have information relative to this investigation:
1
2
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The statement above is a complete compilation of my understanding as to those facts, documents, and witnesses related to this matter. I understand that this is a confidential statement and I agree not to share any information pertaining to this investigation with any other person without the express permission of the Clayton County School System, its attorney, or by court order.