

GADSDEN COUNTY SCHOOL DISTRICT

Reginald C. James, Superintendent of Schools

SCHOOL/LOCATION NAME:				
SCHOOL/LOCATION ADDRESS:				
Date of Statement:	, 20	Time:	A.M./P.M.	
This statement consists of page(s), emanipulated, threatened or made any production document are factual, true and correct.				
Print Name:				
Signiture:		Date:		

VOLUNTARY STATEMENT (Page 2)

Print Name:	
Signiture:	Date: