GADSDEN COUNTY SCHOOL DISTRICT

Reginald C. James, Superintendent of Schools

VOLUNTARY STATEMENT Date:	SCHOOL NAME: SCHOOL ADDRESS: VOLUNTARY STATEMENT				
Date:					
Location:					
Location:	Date:	, 20	Time:	a.m./p.m	
Name(Print):	Location:				
manipulated, threatened or made any promises regarding my statement. All statements contained in this document are factual, true and correct. Print Name:	Name(Print):				
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VOLUNTARY STATEMENT (Continued)

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