



UTAH COUNTY ACADEMY OF SCIENCES EF FORM B – School Liability Release Form

INTERVIEWER

Name _____ Date _____

☐ Law Enforcement

Agency Represented _____

☐ Division of Child and Family Services

Address _____ Telephone: _____

STUDENT TO BE INTERVIEWED

Name _____ School _____ Grade _____

RELEASE

As the interviewer requesting permission to interview the above-named student, I do hereby agree to the following:

1. I am accepting full responsibility for the above-named student during the course of my interview; thereby, releasing the Utah County Academy of Sciences and all school personnel from any and all liability resulting from the occurrence of this interview.
2. I understand that according to Utah Code Ann. § 80-2-602 that a parent/guardian must be informed **prior** to the interview, unless the alleged perpetrator is the child's parent, step-parent, or a parent's paramour then in such case a parent/guardian must be informed **within 24 hours** of the interview.
3. I agree to accept full responsibility to contact the parent/guardian of this student relating to this interview in accordance with Utah Law.

Date _____ Time _____ Interviewer Signature _____

VERIFICATION (OFFICE USE ONLY)

Verification of Interview: ☐ Name Badge ☐ Organization Card

Date: _____ Time: _____

Printed Name of Verifier: _____

Signature of Verifier: _____

Position of Verifier: _____

- Give copy to school principal for filing in principal's Child Abuse or Neglect File.