

Storey County School District
Policy Manual

Section: Instruction

Title: Testimony Declaration Form

Adopted: 2/28/01

Revised: 10-23-02

Policy Number: BEDD-1

Presented as below to School Board for Review on 9-27-00 & 2-28-01

TESTIMONY DECLARATION FORM

The Storey County School Board invites you to present your testimony. Your testimony can be vital to the decisions of the School Board. To assure that all persons testifying are treated fairly, please read the procedures (BEDD) and complete the testimony declaration. Your cooperation and participation is most appreciated. Thank you for being involved in your school district.

PLEASE MARK THE BOX THAT IS APPROPRIATE AND PRINT THE REQUESTED INFORMATION.

Check A or B

A. I would like to address the school board during public comments regarding:

_____.

B. I would like to address the school board during discussion of Agenda Item Number _____.

Check C or D

C. I am speaking as an individual on this item.

D. I am representing a group/organization _____.

Your Name: _____.

Your Company or Organization (if applicable): _____.

I HEARBY DECLARE THAT THE TESTIMONY THAT I AM PROVIDING ON THE ABOVE ITEM IS TRUTHFUL. I FURTHER UNDERSTAND THAT IF I WILLFULLY MAKE FALSE STATEMENTS DURING MY TESTIMONY THIS DECLARATION IS NULL AND VOID AND MY TESTIMONY MAY BE DISCOUNTED IN ANY FURTHER PROCEEDINGS.

Your Signature: _____ . Date: _____.