

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
OFFICE OF
PROFESSIONAL STANDARDS & SPECIAL INVESTIGATIVE UNIT
(754) 321-0725 FAX (754) 321-0930**

DEPENDENCY / CRIMINAL JOINT INVESTIGATION FORM

Revised July 2004

DATE: _____

_____ visited _____
Name of Agency / Representative **Name of School**

regarding _____ for the following purposes:
Name of Student

(Please check all that apply)

_____ **To interview the above named student** pursuant to F.S. 39.

_____ **To interview or consult with the following school personnel:**

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

_____ **Release Form (2485) and Policy 1162.**

Signature of Agency Representative

Witnessed by:

Signature of School Official