**SWORN DECLARATION OF WITNESS**

In the matter of the ❑ suspension, ❑ possible expulsion or ❑ disciplinary incident of:

 , a student at School, I feel that the disclosure of my identity and my testimony as a witness at the hearing would subject me to unreasonable risk of harm.

I wish to remain anonymous because:

Narrative:

I declare under penalty of perjury that the foregoing is true and correct this day of

 , 20 .

Executed at , California.

Declarant’s Name\* Signature\*

***\* Name and signature will not be disclosed.***