



STATE OF ALASKA

SEAN PARNELL, GOVERNOR
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
OFFICE OF CHILDREN'S SERVICES

Kenai Field Office
145 Main Street Loop
Suite 100
Kenai AK 99611
O: (907) 283-3136
F: (907) 283-9093

TO: _____
(Principal's Name)

DATE: _____

(School)

RE: _____

I, _____, am a representative of the State of Alaska, Department of Health and Social Services, Office of Children's Services. Our Office has received a report of harm indicating that the child listed below, a student attending your school, may be a victim of abandonment, neglect, or abuse as defined by the laws of the State of Alaska.

CHILD: _____

DOB (if known): _____

Pursuant to Alaska Statute 47.17.027, School Board Policy, and the Memorandum of Agreement that is in existence between the Office of Children's Services and the Kenai Peninsula Borough School District, I wish to interview the above-named student at your school without obtaining prior permission from the student's parent/guardian. As a condition precedent to conducting this interview, I certify as to all of the following:

1. The Office has received a report indicating that the above named student may be the victim of abuse or neglect;
2. The interview is necessary to determine whether abuse or neglect has occurred;
3. The interview is, in the opinion of the Office, in the best interest of the child;
4. The Office will make a diligent effort to notify the parent/guardian that the interview occurred as soon as feasible after the conclusion of the interview.

In the opinion of the Office, the presence of the District/School representative **WILL / WILL NOT** (circle one) be detrimental to the interview.

Signature

Title

Telephone

Name/Telephone of Supervisor