NOTIFICATION OF ARREST OF EDUCATORS FOR SEXUAL OR DRUG OFFENSES BY LAW ENFORCEMENT (SECTION 53-10-211)

Name of Educator	
Home Address	Zip
Home Telephone Number	Date of Birth
Social Security Number	
School Name and Address (if known)	
Date of Arrest	
Nature of Offense (Please provide as much detail as possible)	
Law Enforcement Agency	
Address	Zip
Telephone Number	
Signe	ature of Law Enforcement Officer
Signa	nuie of Law Ellforcement Officer
Data	
Law Enforcement Agency Address Telephone Number	Zip

PLEASE SEND A COPY OF THIS FORM TO EACH OF THE FOLLOWING:

(1)
Carol B. Lear, J. D., Executive Secretary
Utah Professional Practices Advisory Commission
250 East 500 South
P. O. Box 144200
Salt Lake City, Utah 84114-4200

(2) Human Resource Director School District/Charter School of the Educator