

Woodridge Local School District

RECORD OF STUDENT SEARCH AND SEIZURE

Name of Student Suspect: _____

Area Searched: _____

Name of Informant(s) Filing Complaint: _____

Date Search/Seizure Initiated: _____

Staff Member Conducting Search: _____

Witness(es) of Search: _____

Summary of Report Given by Informant: _____

Action Taken in Conducting Search and/or Seizure: _____

List of Substances/Objects Seized: _____

Disposition of Substances/Objects Seized: _____

