



TRANSFER OF RECORDS AUTHORIZATION FORM

COLVILLE SCHOOL DISTRICT 115

217 S. HOFSTETTER ST.

COLVILLE, WA 99114

I, _____, a new employee with the COLVILLE SCHOOL DISTRICT 115, hereby give my permission to my previous employer, _____ School District, to forward all originals of my official transcripts, verification of experience documents, clock hour documents, credit approval forms, and immunization records to the COLVILLE SCHOOL DISTRICT 115. I understand that photo-copies of these documents will be kept in my personnel file at the _____ School District. I agree to hold harmless _____ School District for the transfer of these records.

Signature (requesting employee)

Date

Print Name

The _____ School District hereby certifies that the attached documents are original documents that have been forwarded to the COLVILLE SCHOOL DISTRICT 115 with the permission of the above named individual. This transfer was accomplished on (date) _____.

Signature (transferring school)

Date

Print Name

Title

Additional information _____

Original (of this form), will be kept at the _____ School District along with copies of the requested documents.

Copy (of this form) will be forwarded to COLVILLE SCHOOL DISTRICT 115 with the original documents