MOSES LAKE SCHOOL DISTRICT
920 WEST IVY AVENUE | MOSES LAKE, WA 98837 | P: (509) 766-2650 | F: (509) 766-2678

TRANSFER OF RECORDS AUTHORIZATION FORM

I, _____, hereby give my permission to _____ School District to forward all of the following **original** documents from my personnel file,

- Official transcripts, clock hour registration forms, credit and clock hour approval forms
- Verifications of employment from all former school districts
- Highly qualified documentation
- Washington State Sexual Misconducts Disclosures from all former employers
- Documentation of vaccinations or immunization history

to the Moses Lake School District. I understand that photocopies of these documents will be kept in my personnel file at my former school district. I will hold harmless the above named transferring school district for this transfer of records.

_____ _____
Signature of requesting employee Date

The _____ School District hereby certifies that the attached documents are original documents from the above named former employee's personnel file, transferred with that individual's written permission.

_____ _____
Signature/Title (transferring school) Date

Please forward a copy of this release with the original documents to Moses Lake School District.