

OMAK SCHOOL DISTRICT
Human Resources
619 W. Bartlett Ave
Omak, WA 98841
(509) 826-0320, FAX (509) 826-7689

CERTIFICATED TRANSFER OF RECORDS AUTHORIZATION FORM
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EMPLOYEE AUTHORIZATION

To: The _____ School District

Address: _____
Street Address/PO Box

_____ City State Zip Code

I hereby authorize you to transfer to Omak School District all official documents currently on file that are pertinent to my certificated employment, and listed below:

- Official transcripts/clock hours
- Credit approval forms (If available, please send excel spreadsheet to hpopelier@omaksd.org)
- Verification of service credit record from previous districts
- Washington State Sexual Misconduct Disclosure Release Forms from prior school Districts

I fully understand that photocopies of these documents will be retained by your District, and that I hold harmless both your District and the Omak School District for this transfer of records.

Signed: _____ Social Security #: _____

Printed Name: _____ Date: _____

TRANSFER OF OFFICIAL DOCUMENTS

To be completed by cooperating District upon release of documents to Omak School District:

On behalf of the _____ School District, I hereby certify that the attached documents are the official documents which were provided by the above named employee upon employment with our District. We are releasing these documents to Omak School District with the full authorization of the above named individual.

Official Signature: _____

Title: _____ Date: _____

Note: If it is not the practice of your District to transfer the official documents to another District, please notify the employee or the receiving District of this. We fully understand your right and reason for retaining original documents. Thank you.