



**Edmonds School District No. 15**  
**HUMAN RESOURCES**  
 20420 68TH AVENUE WEST  
 LYNNWOOD, WA 98036-7400  
 PHONE: 425-431-7020 / FAX: 425-431-7221

**REQUEST FOR TRANSFER OF RECORDS FROM EDMONDS SCHOOL DISTRICT**  
**Employee Instructions**

**Please complete all information below and submit to Edmonds School District.**

To: **Edmonds School District**  
**Human Resources**  
**20420 68th Ave W**  
**Lynnwood, WA 98036-7400**

From: \_\_\_\_\_ SSN: (Last Four #s) \_\_\_\_\_  
 Full Name (Including former names) - Please Print

Approx. Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Position/Title: \_\_\_\_\_

I hereby give my permission to the Edmonds School District to forward all official transcripts and verification of employment forms, as checked below, to the \_\_\_\_\_ SCHOOL DISTRICT. I understand that copies of these documents will be kept in my personnel file with the Edmonds School District. I will hold harmless the Edmonds School District for this transfer of records.

Official Transcripts	Course Approval Forms
Clock Hour Forms	Verification of Certificated Experience

\_\_\_\_\_  
 Employee Signature Date

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**Edmonds School District**

**Will forward all original documents to:**

\_\_\_\_\_  
 Current (New) School District

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City, State, Zip Code

The Edmonds School District hereby certifies that all original clock hour forms, pre-approval forms, employment verification forms, and official transcripts, which are checked above, have been forwarded to the \_\_\_\_\_ School District with the permission of the above named individual. Copies of these documents will be retained in the employee's transcript file for audit purposes.  
 This transfer was completed by:

\_\_\_\_\_  
 HR Representative Signature/Title Date