



HUMAN RESOURCES

10903 Gravelly Lake Dr SW
Lakewood WA 98499-1341
253-583-5080 • 253-583-5088 FAX

Employee Request for Transfer of Records

Requestor Name: _____

Request Date: _____

Requestor SSN: _____

Requestor Phone #: _____

Full name when employed with CPSD: _____

Requestor Email: _____

Approximate Dates of Employment: _____

Position(s) held: _____

RECORDS REQUESTED: Verification of Prior Experience NCLB (HQ Documentation)
 Transcripts
Other: _____

Clover Park School District releases records to employer.

Mail records to: _____ ATTENTION: _____
Address: _____ Phone Number: _____
City, State, ZIP: _____

OR

FAX records to: _____ FAX Number: _____
(Name) Phone Number: _____

Requestor's Signature



REQUIRED TO PROCESS

Please send request to: Clover Park School District, Human Resources, at the above address or FAX number. Allow 7-10 working days to process.

For HR Use Only: _____
Completed By _____ Date _____