



Mercer Island School District #400

Human Resources

4160 86th AVE SE • Mercer Island, Washington 98040-4121
T: (206) 236-3318 F: (206)236-3333

Transfer of Records Authorization

As a new certificated employee you are required to submit to Human Resources your official transcripts, clock hour and credit approval forms and experience forms to determine your placement on the Mercer Island School District salary schedule. You may also request from your previous district any No Child Left Behind Highly Qualified Teacher documents you which will be used to confirm your Highly Qualified status.

Most districts will release these official records from your personnel file and retain copies. To expedite this process, please complete the information below and send to the Human Resources Department of the district you are leaving. If your prior district will not release these records, it is your responsibility to request official transcripts from your university, submit Verification(s) of Professional Experience forms to your previous district(s) as well as forward to Mercer Island School District the clock hour/credit information from your own records.

Complete the information below and forward this form to your former district

I hereby give my permission for _____ to forward all of
(former district name)
the following records to the Mercer Island School District, 4160 86th AVE SE, Mercer Island, WA 98040,
Attn: Human Resources:

- Official Transcripts
- Clock Hour and Credit/Course Approval Forms
- Verification of Certificated Experience

Employee's Name: _____ **SS#** (last four digits): _____
(please print)

Employee's Telephone Number: _____

I understand that photocopies of these documents will be maintained in my personnel file with my previous school district and will hold harmless my previous school district for this transfer of records.

Signature (Employee) _____
Date

Forwarding District Use Only

The _____ School District hereby certifies that the attached documents are official records forwarded to the Mercer Island School District with the permission of the above-named person.

Transfer completed by: _____
Signature _____
Date

Title: _____ Phone Number: _____