

Request for Transfer of Official Transcripts, Verification of Experience and Credits Documents

Instructions: Please complete, sign and send a copy of this form to your most recent school district Human Resources/Personnel Office. Please provide a copy to SJISD Human Resources for our records.

Requestor Name:							
Other names used:							
Address:							
Email:							
Primary phone:							
Last 4 digits of SSI:							
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Requestor signature				Date			
Former District & Addre	ess ⇒						
CHOOL DISTRICT RECEIV	ING THIS R	EQUEST: PLEASE	RETURN THIS F	ORM AND ALI	L APPLICABL	LE RECORDS TO:	
San Juan Island S	School Distri	ict					

Feel free to call HR directly with any questions @ (360) 370-7904 or email to hrmailbox@sjisd.org.

THANK YOU!

Human Resources Director

Friday Harbor, WA 98250

P.O. Box 458