



*Quincy
School
District 144 - 101*
Improving the Life Choices for All Students

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**REQUEST FOR TRANSFER OF ORIGINAL TRANSCRIPT AND/OR
CLOCK HOUR DOCUMENTS AND CREDIT APPROVAL FORMS**

Instructions:

Please complete all information below and mail this form to your previous school district.

TO: _____
(Your previous school district)

ATTN: _____

(Mailing address)

(City, state, zip)

FROM: _____ (Print your full name) _____ (Your social security number)

I hereby give my permission to the above named school district to forward all **original transcript, clock hour documents and credit approval forms** to the Quincy School District #144. I understand that photocopies of these documents will be kept in my personnel file with my previous school district, and I will hold harmless my previous school district for this transfer of records.

Your Signature: _____ (Date)

Please forward all records to: Tia Stoddard, Business Manager
Quincy School District #144
Quincy, WA 98848