



RECORDS RELEASE

TO:

Please remit requested information to:
CLARKSTON SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
PO BOX 70
CLARKSTON, WA 99403
Attn: Chris Alaniz, Human Resources Manager
(509)769-5540, FAX (509)758-3326
alanizc@csdk12.org

Please verify experience for: _____ Dates of Employment: _____

Social Security # _____ Position(s) _____

I authorize you to release to the Clarkston School District, detailed employment information, Washington State accumulated sick leave, Retirement and the originals of all information checked below:

- () Official Transcripts () Clock Hour Forms w/course approval () Verification of Experience
- () S275 – Last Placement Reported _____ /School Year _____

If this district uses WSIPC please email a downloaded Excel (csv) spreadsheet of credits to Alanizc@csdk12.org

I understand that photocopies of these documents will be kept in my personnel file with your district. I hold harmless the school board for the transfer of records.

Employee Signature: _____ Date: _____

Washington School Districts: Retirement Plan _____ Washington State Sick Leave balance _____

Sick Leave Hours earned/used in current calendar year: _____ / _____

I certify that the attached/forwarded documents are original documents and that the information listed above is complete and correct according to the official records on file in the institution providing this verification of employment.

Signature of Superintendent or Designee

Printed Name/Title

Date: _____