



NWSA Data Transfer Request

Date: _____

Employee Name: (First, Middle, Last) _____

NWSA Student ID#: _____

Old Employer: _____

Phone No: _____

New Employer: _____

Phone No. _____

Please transfer the above named employee to our records on the data base.

We have a signed release that was sent to their old employer and copies of their file have been released and received.

The employee has signed below and authorizes NWSA to transfer records in the database to the new employer.

Data Transfer fee is \$25.00 per transfer. If you have access to NWSA website, you can login and go to deposit funds and pay right online. If not, please send check to NWSA, P.O. Box 330, Lyons,OR 97358. Payment must be made for transfer to be completed.

Employer Rep: _____ **Signature:** _____

Employee Signature: _____

Date Sent: _____ **Date Received:** _____

Date Transfer Done: _____

Transfer Done By: _____

Email this request to info@nwsa.us for processing or fax to 1-866-854-8186 or fax to locally 503-769-2291.

Paid by Paypal or Credit Card:

Card Type: ___ Visa ___ MC

Card # _____

Amt. to Charge: _____

Billing Zip: _____

Name on Card: _____

Expiration Date: _____

Security Code: _____