



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.

The employee has signed below and authorizes NWSA to transfer records in the database to the new employer. Transfer will be done within 48 business hours.

Data Transfer fee is \$10.00 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.

Payment info: Paying by CC _____ Paypal _____

Credit card: Visa ___ MC ___

Card No. _____

Expiration Date: _____ Three Digit Code: _____

Name on Card: _____