



NWSA Data Transfer Request

Date: _____

Employee Name: (First, Middle, Last) _____

NWSA Student ID#: _____
(First 3 Last 4 of SS#)

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 or complete the information with CC below. Payment must be made for transfer to be completed.

Employer Rep: _____ **Signature:** _____

Employee Signature: _____ **(Required)**

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

Date Transfer Done: _____

Transfer Done By: _____

Email this request to nwsa@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: _____