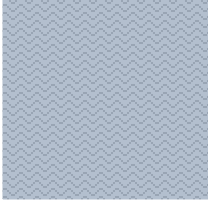
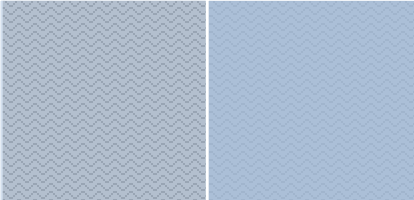
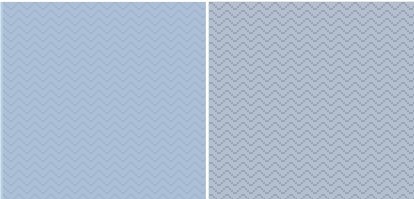
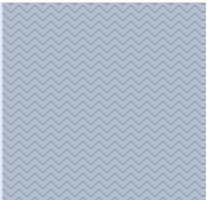




# Permission to Transfer College of Direct Support (CDS) Records



Permission to Transfer Records Form			
This form is NOT for Employees who work for more than one (1) Agency.			
I, _____ no longer work for _____ and would like my CDS Records moved to my current employer:			
Current Agency:		Agency City & State:	
Employee Name:		Learner ID:	
		(Form will not be processed without full valid ID provided.)	
Employee Signature:			
New CDS Administrator's Name:			
New CDS Administrator's Phone #:			
Learner's new Department Assignment:			
(Form will not be processed without a Dept. Assignment and the highlighted information provided.)			
Send via email to:	<a href="mailto:Customercare@elsevier.com">Customercare@elsevier.com</a>		

Thank you!

Customer Care