

# Inservice Transfer Request Form

*(Please type or print in blue or black ink)*

## Personal Information:

Name: \_\_\_\_\_

Personnel Number: \_\_\_\_\_ Last Four Digits of Social Security Number: XXX-XX- \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like a copy of the in-service transfer record emailed to you? Yes \_\_\_\_\_ No \_\_\_\_\_

## Employment Information while employed with Broward County Schools:

Location Name: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

## Transfer Information:

Name of School District Receiving Points: \_\_\_\_\_

School District Address: \_\_\_\_\_

\_\_\_\_\_

District Contact Name: \_\_\_\_\_

District Contact Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Complete, sign and return form to Talent Acquisition & Operations (Certification/Incentives)  
The School Board of Broward County, Florida  
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301  
email: [certificationrequests@browardschools.com](mailto:certificationrequests@browardschools.com)*