



505 S. Main Street, Ste. 249
Las Cruces, NM 88001
(575) 527-5800

Certified or Classified Transfer Request Form

Fill out one form for each school to which you wish to transfer.
Contact the Principal or Supervisor for an interview three days (3) after submitting this form.

Name: _____

Work Phone: _____ Home Phone: _____

I am a Certified Classified employee. E-Mail: _____

From: Present School or Building: _____

Present Assignment: _____

How long have you been at your present assignment? _____

To: _____
School

Grade(s), Subject(s) or Position(s)

1. _____
2. _____
3. _____

For School Year: _____

Certified only: Are you Highly Qualified for the requested position? Yes No

Reason for Request (Optional) _____

Comments _____

Signature

Date