

# Permission to share my College of Direct Support Transcript

**This form is for employees who work for more than one agency.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Employee's Name (*Please Print*)

Learner ID \_\_\_\_\_ (\*\*will not be processed without a valid ID provided)

I am willing to share my CDS Transcript

with the following agency \_\_\_\_\_ in \_\_\_\_\_  
City, State

## **Request for Manager Zone Access:**

Person(s) who need to be able to see and manage the transcript of the learner above:  
(\*\*will not be processed without a valid ID or IDs provided)

Name: \_\_\_\_\_ Learner ID: \_\_\_\_\_

Name: \_\_\_\_\_ Learner ID: \_\_\_\_\_

Name: \_\_\_\_\_ Learner ID: \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Please type and email to [carl.wexler@state.de.us](mailto:carl.wexler@state.de.us) no later than Friday close of business for the following week's submission to Elsevier.

Thank you!