

**TRANSFER OF FILES**

The following WIOA Programmatic Files are being transferred from \_\_\_\_\_ to \_\_\_\_\_.

State ID	Name	Enrollment Date

By signing, I agree that \_\_\_\_\_ has taken possession of the above WIOA Programmatic Files from \_\_\_\_\_.

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

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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

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

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

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Organization*