



Duplicate Record Deletion Request

DATE: _____

STUDENT NAME: _____

DATE OF BIRTH: _____

REQUEST ORIGINATOR

STAFF: _____

DEPARTMENT: _____

ID 1: _____

ID 2: _____

DOB: _____

Last 4 Digit of SSN: _____

Has all biographical information (email address, social security number, etc.) been transferred to the valid ID number?

_____ Yes _____ NO

Has all testing data been transferred to the valid ID number?

_____ Yes _____ NO

Has the Financial Aid Office been notified of the records in question?

_____ Yes _____ NO

STAFF SIGNATURE: _____

DATE: _____

OFFICE OF ADMISSIONS AND RECORDS USE ONLY:

Received by: _____

Date: _____