Duplicate Record Deletion Request

DATE: _____   STUDENT NAME: _____

REQUEST ORIGINATOR

STAFF: _____   DEPARTMENT: _____

ID 1: _____   ID 2: _____

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 (place in student's file when processed):

Comments: _____
_____
_____

☐ NAE_____   ☐ BIO _____   Processed by: _____

☐ DADD _____   ☐ PERC _____

☐ ARAI _____   ☐ STAC _____   Date Requested: _____

☐ RQSS (Initial Entry) _____   ☐ TSUM _____   Date Processed: _____

☐ STRK _____