



Duplicate Record Deletion Request

DATE:

STUDENT'S NAME:

DATE OF BIRTH:

LAST 4 DIGIT OF SSN:

REQUEST ORIGINATOR:

STAFF NAME:

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

Has all the received documents reflecting in the valid ID number? Yes NO

STAFF SIGNATURE:

DATE:

OFFICE OF ADMISSIONS AND RECORDS USE ONLY:

Received by:

Date:
