

Request to Delete a Student Record

School District / Agency _____

BEDS #: _____

District Data Coordinator (DDC) or Test Scoring Contact _____

Phone: _____

Email: _____

Record to Delete:

ID# _____

Student Name: _____

Date of Birth: _____

Grade: _____

School Year: _____

Reason for Deleting: _____

_____ Duplicate ID# was assigned

_____ Other

(Explanation REQUIRED Below!)

District Responsibility

Confirm ID# was deleted in:

_____ Level 0 ___ Demographics ___ Enrollment ___ Program Services ___ Assessments

_____ Student Management System

Date and by whom confirmed: _____

Name

Date

Fax completed form to Karen Barbaro at Student Data Services

Fax 631-218-4117 Phone 631-244-4285

| Student Data Services Office Use Only | | Confirmed by: | Date: |
|--|--|---------------|-------|
| Printed: | _____ UPS Report _____ Profile _____ Test Scoring Screen | | |
| Student Record Deleted: | _____ Test Scoring _____ Data Warehouse | | |
| Confirm Deletion in: | _____ Level 0 ___ Demographics ___ Enrollment ___ Program Svcs ___ Assessments | | |