

Request to Delete a Student Record

School District / Agency: _____

BEDS #: _____

District Data Coordinator (DDC)/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 631-240-8967 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		