**Deletion Request Form**

Please use this form to request deletion of a student record, providing the reason for deletion against each record listed.

**Name** ………………………………………………. **School/ Service** ……………………………………………. **User ID** ……………………………………………. **Email address** ………………………………………………. **Phone no.** ………………………………………… **Date requested** …………………………………………….

**From which term should the record be deleted?**

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| **Student ID** | **Last Name** | **Reason for deletion** |
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**Please send the completed form to** **stu****rec@soton.ac.uk**

**Office use**

**Actioned** …………………………………………………….. **Date** ………………………………………………………………… **Completed** …………………………………………………. **Date** ………………………………………………………………… **Notified** ………………………………………………………. **Date** ………………………………………….…………………….