

# **INFINITE CAMPUS (IC): SPECIAL EDUCATION DOCUMENT DELETION REQUEST**

04/2015

Date of Request: \_\_\_\_\_ Teacher Making Request: \_\_\_\_\_

**ONLY ONE request made per form. If you have multiple students OR one student with multiple documents to be deleted, you are required to complete a form for each. Incorrect forms will only delay deletion request as you will be asked to complete another form. You MUST complete ALL information below for the student that the deletion request is being made:**

## **SECTION I:**

- A. Student Name & DOB: \_\_\_\_\_  
B. School & Grade: \_\_\_\_\_

## **SECTION II:**

**\*The student listed in Section I (above) needs the following information DELETED from Infinite Campus:**

- A. School Year Document Listed Under: \_\_\_\_\_
- B. Area the Document Listed Under (*CIRCLE, HIGHLIGHT, or PLACE AN "X" by only one OR "select" appropriate area by clicking on the circle for "live" form*):
- PLANS
  - CONFERENCE SUMMARIES/EVALUATIONS/CONSENT
  - FORMS
  - PROGRESS REPORTS
- OR-
- PORTION(S) OF A DOCUMENT NEED TO BE DELETED (explain – be VERY specific): \_\_\_\_\_  
\_\_\_\_\_

*Complete the following so that administration knows the EXACT document to be deleted:*

- C. List the name of the document (to be deleted/alterd) EXACTLY as it appears on IC: \_\_\_\_\_

When listing document names in Section II, C., be sure and include the following:

- For an IEP, include the exact date range listed in IC for that IEP
- For a Conference Summary, Consent, etc., include the date listed in parenthesis for that document
- For a Form, include the "Created:" and "Modified:" information for that document

Signature (of person making request): \_\_\_\_\_ Date: \_\_\_\_\_

**\*NOTE: Your typed name on this form serves as your signature**

**THIS FORM MUST BE EMAILED, PLACED IN DISTRICT MAIL, FAXED, OR DELIVERED TO: Kristina Sidebottom OR LeAnn Pinson AT CENTRAL OFFICE**