Request for Removal of Student Support and Progress Team Referral(s) from MiSiS

This form is to be used when an SSPT Referral has been created by mistake and the principal is requesting to have the record removed from MiSiS.

SCHOOL:_____**LOCATION CODE:**_____**DATE:** _____

Student Name (Last Name, First Name)		**10 Digit/District ID#**	
Indicate the specific date the SSPT referral was created.			
State the specific reason why this record needs to be deleted			

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_____   _____   _____
Contact's Printed Name   Email Address   Date

_____   _____   _____
Principal's Printed Name   Email Address   Date

_____   _____   _____
 Approver's Printed Name   Approver's Signature   Date

Email the completed form(s) to Shana Hardy shana.hardy@lausd.net.

* If additional lines are needed, copy this form and number the pages prior to emailing.