



DELETE A USER ACCOUNT



Requesting School:

Name:

Job Title:

Requester e-mail address:

Name of account to be deleted?

Reason for deletion?

Enter the date for deletion to be effective from?

Is there any SIMS or FMS that also requires de-activation?

SIMS

YES

NO

FMS

YES

NO

Additional information

DATE

HEAD - TEACHER SIGNED

PLEASE PRINT NAME

Please return by Fax to ITASS 020 8430 1428