

ADVANCE C/S
ENTITY DELETION REQUEST FORM

Submit this form for processing if an entity record must be deleted.
Mail to: **Advancement Services**, Attn: Sylvia Means, 3300 Metzert Road, Adelphi, MD
20783 or fax to: (301) 445-2707.

REQUESTOR INFORMATION

Requestor: _____ Office: _____
Institution: _____ Telephone number: () - _____

ENTITY INFORMATION (to remain active)

Entity ID#: _____
Entity's Name: _____
Home Address: _____
_____ Preferred: Yes No
Telephone number: () - _____
Business Address: _____
_____ Preferred: Yes No
Telephone number: () - _____

ENTITY INFORMATION (to be deleted)

Entity ID#(s): _____
Entity's Name: _____
Reason: Duplicate Record Record Created in Error
Other / Explanation: _____

