Dear_____ :

This letter is to notify you that we have received your request to make corrections to the MSIX account listed below. We received your request on this date. Our office will review your request and respond within 30 days.

Month	Day	Year

Student's Name	MSIX #	STATE ID #	Phone #	Address

Category of Corrections to be reviewed: (Circle or Highlight all that apply)

Demographics	Qualification Moves	Enrollments	Course History
First Name	Qualifying Arrival Date	Designated Graduation	State
Last Name	Qualifying Move From State	District of Residence	Begin Academic Year
Middle Name	Qualifying Move to State	Residency Date	End Academic Year
Date of Birth	Other	Grade	Course Title
Male Parent's Name		Enrollment Date	Subject Area Name
Female Parent's Name		Enrollment Type	Course Type
Birth Location		MEP Project Type	Term Type
Gender		School/Project Name	Final Grade
School Enrollments		School/Facility Name	Credits Granted
Course History		Enrollment District	Grade to Date
Other		Home School	Course Section
		LEP Indicator	Other
		IEP Indicator	
		PFS Indicator	
		Immunization	
		MED Alert	
		Other	

Corrections	Requested Updates	Explanation for Change
1		
2		
3		
4		

Thank you for bringing our attention to these possible discrepancies. We will review your request, make necessary changes, and inform you of the changes by the date listed below.

Month	Day	Year

Sincerely,

Your name here
District or region name here
Contact address
Contact phone number