

STUDENT TESTING DATABASE MAINTENANCE FORM
(For use of this form, refer to USMEPCOM Regulation 601-4)

1. Email To: OSD North Chicago USMEPCOM List HQ-J357-MEOP-TD-CSDBM

2. MEPS Location & ID:

3. Date:

Request the following maintenance functions by selecting options below:

4. Add School to CSDB: _____
School Name (Max length 30 characters), School Code (generated by ConCEP), Responsible Service

Location: _____
Street Address, City, State, Zip, County

*** Upon receipt of the confirmation email from HQ that the school has been added to the student testing database and ConCEP, the MEPS are required to complete the school information using the AS04 screen (High School Information). For CEP-iCAT purposes, the MEPS is responsible for requesting DMDC to add the information to their database by forwarding the school name, code, and full mailing address to dodhra.dodc-mb.dmdc.mbx.icat-helpdesk@mail.mil NLT2 weeks prior to the testing date.***

5. Consolidate Schools: _____
(Name of School Closing & School Code)

(Name of School Gaining Data & School Code)

Delete School Record From CSDB: _____
(School Name, School Code, Responsible Service)

Reason for Deletion: _____
(Reference UMR 601-4, Table 6-4)

IRC Memorandum attached (Per UMR 601-4, para 6-7b) ***

(Public, federally funded schools will not be deleted from the CSDB. In accordance with UMR 601-4, para 6-7b, this form must be sent through sector for any school record deletion request.)

6. Search Rejects Queue For: _____
(Name(s) of Students or Number of Students)

(Corresponding School Code)

(Correct Session Student(s) Belong To, Date of Test)

Delete Session Number(s): _____

Associated With: _____
(School Name, School Code, Date of Test)

Delete Sequence (ANS) Number(s): _____

Associated With: _____
(School Name, School Code, Session Number, Date of Test)

Change Session Number From: _____ To: _____

Associated With: _____
(School Name, School Code, Date of Test)

Change School Code From: _____ To: _____

Associated With: _____
(School Name, Session Number, Date of Test)

Transfer Student From: _____ To: _____

Associated With: _____
(School Name, School Code)

Change Date of Test From: _____ To: _____

Associated With: _____
(School Name, School Code, Session Number)

7. Additional Notes:

8. POC For This Request:

9. Phone Number: