

## **Duplicate Record Report Preliminary Findings Worksheet**

Person Submitting Form	:		Date:				
First Banner ID#:			Second Rani	Second Banner ID#:			
PIDM # (If, known):				PIDM# (If, known):			
Name on Banner Record:				Name on Banner Record:			
Name on Admission Application:			Name on Adı	Name on Admission Application:			
Date of Birth:	Date of Birth						
DOB Same on Applica		DOB Same on Application: Yes No					
SS# on Admission App	SS# on Admi	SS# on Admission Application:					
SS# Same on Applicati		SS# Same on Application: Yes No					
Assigned AAMU Inter		Assigned AAMU International #: Yes No No					
If yes, Assigned AAM		If yes, Assigned AAMU International #:					
Data exists on GOAIN		Data exists on GOAINTL: Yes No					
Correct Name on Passp		Correct Name on Passport:					
Citizenship Type on Ba		Citizenship Type on Banner Record:  Correct Citizenship Type: Yes No					
Correct Citizenship Ty	Correct Citiz	Correct Citizenship Type: Yes \( \) No \( \)					
SYSTEM IDENTIFICATION GUASYST FORM (Mark all modules which contain information for this BID# that apply) First Banner ID#							
Student	<b>Human Resources</b>	Advancement	Financial Aid		Finance	Accounts Receivable	
Recruiting	☐ Applicant	☐ Individual	☐ Applicant		Agency	☐ Accounts Receivable	
Admissions	☐ Employee	Category:			Bank		
☐ Transfer Work	■ Beneficiary	Class:			Customer		
☐ General Student	Cobra Person	☐ Organization			Employee		
☐ Registration		Category:			Financial Manager		
Housing					Vender		
☐ Faculty							
Second Banner ID#							
Student	Human Resources	Advancement	Financial Aid		Finance	Accounts Receivable	
Recruiting	Applicant	Individual	Applicant	$\vdash$ $\Box$	Agency	Accounts Receivable	
Admissions	Employee	Category:	D Applicant	╁∺	Bank		
Transfer Work	Beneficiary	Class:	H		Customer	<del>                                      </del>	
General Student	Cobra Person	Organization	H		Employee	<del>                                      </del>	
Registration	Coolar Cison	Category:	<del>                                     </del>		Financial Manager	l H	
Housing	T T	- Sangary	l Fi	ΤĦ	Vender	† <del>                                     </del>	
Faculty			) Fi	ΤĦ		† <del> </del>	
CORRECTIVE ACTION  Email Notification of Upcoming Review to all Applicable Banner Module Owners: Yes  No							
Date Referred to Data Management Committee Supporting Documentation Attached: Yes No							
Area Lead Signature		<del></del>					
PIDM # Designated to be Deleted "Duplicate Do Not Use": BID# Designated to be Deleted							
Good PIDM #	Good BID# Correct SS# Correct Name						
Date Approved by Data Management Committee Date End User Updated Correct Record							