

LMS History Change Request



User ID:

Item Title:

Item ID:

Scheduled Offering ID (if applicable):

Please indicate the type of learning history change requested and fill out the appropriate fields.

Delete Learning History Record

Recorded Completion Date:

Change Date of Completion

Recorded Completion Date:

Correct Completion Date:

Change Completion Status

Completion Date:

Recorded Completion Status:

Correct Completion Status:

Please indicate the Training Coordinator or Training Records Specialist verifying this change in the field below and email this request to LMSUserProfile@atf.gov.

Name:

For LMS Administrator Use Only:

Date of Change:

Initials: