

Account Access and Password Reset Form

Instructions: Please fill out this form clearly in block letters. Once completed, print the form, sign it, and submit it to the IT Security Administrator.

1. Request Type

Specify the type of request (e.g., Password Reset, Account Unlock, New Account Access, Remove Access):

Request Type:

2. User Information

Full Name (Last, First, Middle Initial):

Employee / Student ID Number:

Department / Division:

Contact Email Address:

Contact Phone Number:

3. Account Details

Target Account Username / Login ID:

System / Application Name (e.g., Active Directory, Email, ERP, CRM):

Reason for Request (e.g., Forgotten Password, Expired Password, Account Locked):

4. Identity Verification Questions

Please provide answers to your pre-registered security questions for verification.

Security Question 1 (e.g., Mother's Maiden Name):

Security Question 2 (e.g., First Pet's Name):

5. Authorization and Signatures

By signing below, you certify that you are the authorized owner of this account and that the information provided is accurate.

Applicant Signature (Sign after printing):

Date (DD/MM/YYYY):

6. For IT Department Use Only

Processed By (IT Staff Name):

Action Taken:

Date Completed:

IT Authorization Signature: