Password Reset Request Form

Use this form to have your Password reset or to obtain your Username. Requests for Username will be sent in a separate communication for security purposes.

You may scan and email this request to your campus Registrar Office, as shown below.

Select **Only One** email address**:**

- [ ] **Ammerman: registrara@sunysuffolk.edu**
- [ ] **Eastern: registrare@sunysuffolk.edu**
- [ ] **Michael J. Grant: registrarw@sunysuffolk.edu**

Please provide the following information**:**

Date: _____

First Name: _____

Last Name (while attending): _____

**ID number or last four digits
of SSN**: _____

Date of Birth (month/day only): _____

Current phone number: _____

**Email address (Not your SCCC
Email) to forward temporary
password reset:** _____

- [ ] I give permission to the Registrar Office to reset my password.
- [ ] I request the Registrar Office provide my Username.

Once you receive your temporary password, you will need to enter a permanent password. You can do this at sunysuffolk.edu/login.

You must include a copy of your Driver License for the purpose of authentication and signature comparison.

Student Signature: _____

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