

RESET PASSWORD REQUEST FORM

User Information:

Date: _____

User Name: _____

Employee ID (if applicable): _____

Email Address: _____

Phone Number: _____

Reason for Password Reset:

☐ Forgot Password

☐ Account Locked

☐ Compromised Account

☐ Other (Please Specify): _____

New Password Request Details:

Passwords must be at least 8 characters long and include a mix of uppercase, lowercase, numbers, and special characters.

Acknowledgment & Signature:

I confirm that I am the authorized user of the above-mentioned account
and request a password reset.

Signature: _____

Date: _____

For IT Department Use Only:

Reset Processed By: _____

Date of Reset: _____

Remarks: _____