

## 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](mailto:registrara@sunysuffolk.edu)

**Eastern:** [registrare@sunysuffolk.edu](mailto:registrare@sunysuffolk.edu)

**Michael J. Grant:** [registrarw@sunysuffolk.edu](mailto: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 on MySCCC by selecting Change my Password.

**If you are sending this request from an email address other than your SCCC email, you must include a copy of your Driver License for the purpose of authentication and signature comparison.**

**Student Signature:** \_\_\_\_\_  
(revised: 4/21/20)