

PASSWORD CHANGE REQUEST

System: Blackboard myUMB Portal SURFS myUMB Mail
 Other (specify) _____

First Name:

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Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student ID Number:

@																			
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Empl / Affl ID:

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LOGIN ID: _____

Date of Birth:

		/			/														
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Last 4 digits SS#:

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Phone Number:

				-					-										
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Primary Email Address: _____

Alternate Email Address: _____

I request and authorize that my password be changed for the above account/system.

I certify that I am fully aware of the appropriate sections of the Annotated Code of Maryland, Article 45 A and 146, relating to the illegal access and the unauthorized manipulation of data using computer resources and understand the associated punishment for such crimes. I further certify that I will not use University of Maryland computer resources for personal benefit and that my USER ID/PASSWORD shall not be used by any other individual and shall remain confidential information.

Account Holder's Signature

Date

School/Department Liaison's Signature

Date

(Required if the password change request was initiated by a school/department liaison)

(DO NOT WRITE BELOW THIS LINE)

ID: UNIVERSITY ID STATE ID OTHER Ticket # _____

REQUEST RECEIVED BY: _____ DATE: _____

REQUEST PROCESSED BY: _____ DATE: _____