

NetID Password Reset (Supervisor Signature)

Name: <small>Last, First, MI</small>
Telephone:
Department:
NetID:

On a second page, you must include a copy of either your University of Rochester ID card, or another valid picture ID. Your request cannot be processed without valid identification.

I understand that by making any of the above requests, I authorize University Information Technology to obtain private information from my NetID and communicate to my supervisor at the phone number listed above that my password has been reset. I understand that it is my responsibility to manage my NetID and password as secure and confidential information.

Signature:	Date:
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In order to process this request, University IT requires that your manager/supervisor sign this form. Your NetID password will be reset and your manager/supervisor notified of the reset.

For Supervisor Use Only:	I hereby verify that the above named person reports to me and is who they claim to be. Given that the above named individual cannot come in person with photo ID to the IT Center for a password reset, I take responsibility for authorizing this request. I will communicate the importance of maintaining the individual's NetID and password in a secure location and be the point of contact once the reset is complete.		
	Supervisor will be contacted at either the Phone or Pager number listed when the Password has been reset.		
Supervisor Name			
Supervisor Phone		Supervisor Pager	
Supervisor Signature			

We will try to honor your request within 24 hours. If you have any questions about this procedure or are not contacted within 24 hours, please call (585) 275-2000. If any of the above information is not submitted or completed properly, we will be unable to process your request.

Please fax or mail this form to:
University of Rochester, IT Center, PO Box 270057, Rochester, New York 14627
Phone: (585) 275-2000 Fax: (585) 273-1023.

For assistance:

Email: UnivITHelp@rochester.edu

6/18/2008

Phone: x52000

http://www.rochester.edu/its/netid/forms/Supervisor_form.pdf

Office Use Only:	Date Received:	Date Completed:
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