EACC Password Change Request Form

Please Print

Name _____ Contact Phone # _____

Did you attend last semester?   Yes ☐   No ☐   When did you register? _____

Birthday _____   Student ID _____-_____

What is your EACC email address or your username? _____

Did you use **eacc** in front of your username?   ☐yes   ☐No

Have you tried the "forgot my password" tab on the login screen? (On Campus Only)   ☐yes   ☐No

If yes, message that was given?

_____

Reason password needs to be changed or problem occurred:

_____

_____

_____   _____

User's Signature   Date:

IT USE ONLY

_____   _____

Authorized IT Signature   Date

Action(s) from IT: ☐Reset Password   ☐Unlocked Account   ☐Instructions
                       ☐Created Account   ☐Changed Name

Other Changes: _____

_____