

MAIN FRAME PASSWORD RESET REQUEST

User ID to be reset: _____ Last four digits of your SS # for verification: _____

User's Name: _____

Agency authorization: _____ Date: _____

Phone#: _____ Fax#: _____

Email address: _____

Fax or mail completed form to:
IS&C's Help Desk
One Davis Square
PO Box 50110
Charleston, WV 25305-0110
Ph#: (304) 558-1257 Fax#: (304) 558-8887

FOR IS&C'S USE ONLY

Date received: _____

Completed by: _____ Date: _____

Agency notified? Yes No