

REQUEST TO CHANGE STUDENT ID/PASSWORD FORM

Complete the form below to change your password/student id. You may turn this in to me in class or email it.

Name: _____

Date: _____

Period: _____

NEW PASSWORD: _____

USE NUMBERS ONLY

Student signature date

Parent/Guardian signature date

Email: _____
(if available)

Email _____
(if available)

Both signatures must be present in order to change the password/student id.