



**Office of the Registrar
PASSWORD RESET REQUEST**

To (check one):

- Ammerman Registrar, Fax: 631-451-4073 or Email: registrara@sunysuffolk.edu
- Eastern Registrar, Fax: 631-548-3651 or Email: registrare@sunysuffolk.edu
- Grant Registrar, Fax: 631-851-6313 or Email: registrarw@sunysuffolk.edu

Date: _____

First Name: _____

Last Name (while attending): _____

ID number or last four
digits of SSN: _____

Date of Birth: _____

Current phone number: _____

Fax number or email address
to forward password reset: _____

___ I hereby give permission to the Registrar's office to reset my password.

___ I hereby request the Registrar's Office provide me my Username.

Please note that, for security purposes, requests for Username will be sent in a separate communication.

I am submitting this request along with a copy of my DRIVER LICENSE for the purpose of signature comparison.

Student Signature: _____

(revised: 6/22/15)

Central Registrar
533 College Road
Selden, NY 11784-2899
(631) 451-4011

Ammerman Campus
533 College Road
Selden, NY 11784-2899
(631) 451-4110

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(631) 548-2500

Michael J. Grant Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(631) 851-6700