

# Suffolk County Community College

## Office of the Registrar Password Reset Request

To (check one):

- Ammerman Registrar, Email: [registrara@sunysuffolk.edu](mailto:registrara@sunysuffolk.edu)
- Eastern Registrar, Email: [registrare@sunysuffolk.edu](mailto:registrare@sunysuffolk.edu)
- Grant Registrar, Email: [registrarw@sunysuffolk.edu](mailto:registrarw@sunysuffolk.edu)

Date:

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First Name:

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Last Name (while attending):

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ID number or last four  
digits of SSN:

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Date of Birth:

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Current phone number:

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Email address to send  
password reset:

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\_\_\_ I hereby give permission to the Registrar Office to reset my password.

\_\_\_ I hereby request the Registrar Office provide my Username.

**Please note that, for security purposes, requests for Username are sent in a separate communication.**

**I am sending this request along with a copy of my Driver License for the purpose of signature comparison.**

**Student Signature:**

(revised: 3/20/2020)

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**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