"Cashier's stamp, if paid"

AMERICAN UNIVERSITY OF SHARJAH
Information Technology Department
Network/Email Password Request Form

Please read the following instructions:

- *A charge of AED 50/- will be payable every replacement "Network/E-mail Password" issued.*
- *Please fill out Part A ONLY and submit it to Helpdesk for approval.*
- *Once approved, pay the amount to the Cashier's Office. Then submit the form to Helpdesk.*
- *Network/e-mail passwords are not given on the phone.*

PART A: To be completed by Student

Student ID: ☐-M ☐-F	@	**Student's Full Name:**		
Old ID No. (If Any):		**Personal E-mail Address:**		
Contact Details:	Tel. No/Ext:		Mobile:	

Please put ✓ next to your requirement:-

☐ NETWORK PASSWORD ☐ E-MAIL PASSWORD ☐ OTHERS: _____

(Please specify)

_____

Student's Signature

PART B: To be completed by ITD

Password Given By:	
Engineer's Name:	
Signature:	
Date:	

"Call Center Stamp"

YOUR NETWORK PASSWORD: _____

YOUR E-MAIL PASSWORD: _____

Notes:
- *Never disclose your "Network/E-mail Password" to any other person.*
- *To change you Network Password, it should be atleast 8 digits or more. And it should contain UPPER case, lower case and numbers. (Example: Abcd1234)*

PART C: Cashier's Copy

Please Charge: _____ @ _____

STUDENT'S NAME ID NO

the amount of AED. 50/- being NT/Email password replacement fee.

Department Approval: _____ _____

STAFF NAME/SIGNATURE DATE