



**Northwestern CT Community College
NETWORK ID PASSWORD RESET VERIFICATION FORM**

Mail To: Registrar's Office, Park Place East, Winsted, CT 06098

Fax To: (860) 738-6413

This release authorizes the resetting of my Network ID Password. I understand that this information is confidential and I will be **required to show a Photo ID** before this process will be done. Once you complete this form, deliver it to the Records Office in Room 215, Green Woods Hall or to the Computer Center located in the Founders Hall Annex. If you are mailing or faxing this form, please include a **copy of a photo ID**.

Date: _____ Student ID: @ _____

Name (Please Print): _____

Address: _____

Date of Birth: _____ Social Security #: _____

Phone #: _____ Signature: _____

Office Use Only:

Verified By: _____

Date Received: _____

Reset By: _____

Date Reset: _____