



Initial of last name

**Please fill this form out COMPLETELY. Incomplete forms will delay processing.
Photo ID must be included with the email in order for the form to be processed.**

Date:

Name:

Address:

City:

State:

Zip Code:

Phone Number:

SMC Student Email Address:

I would like to reset my password. I understand that this may take up to 48 hours.
I am responsible for remembering my password.
Any subsequent request for resetting the password may take up to ten (10) working days.

Student Signature:

Date:

(For Office Use Only)

Picture ID verified

SMC Staff Signature:

Date:

Request 1

Request 2

Request 3

Request 4

Request 5