

## **Blue and Gold Connection Password Reset Request**

(Complete in Blue or Black Ink) (MUST INCLUDE A VALID COPY OF YOUR PICTURE ID)

ersonal Informat	ion:		
Name:			
	First	Middle	Last
SSN:	K num	ber:	Phone:
E-mail:			Currently Attending:  □ Yes  □ No
□ Student	□ Faculty	□ Staff	
Signature:			Date

Picture ID:



Once your password has been reset, you will receive a call back or email from the Registrar's Office that your request has been processed.

Form can be emailed (PDF attachment) to registrar@tamuk.edu or faxed to (361) 593-2195.

## For Office Use Only:

Date Received:	Ву:	
Date Processed:	_ By:	
Date Notified:	Ву:	Method: Email / Phone