

Department of
Computer and Information Science
Account Reactivation Form

Date: _____

Student ID#: _____

Last Name: _____

First Name: _____ Middle Name: _____

Username: _____

Current Telephone Number: _____

Email Address: _____

I would like to reactivate my account(s) for:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Labs | <input type="checkbox"/> Reset Password |
| <input type="checkbox"/> John | <input type="checkbox"/> Reset Password |
| <input type="checkbox"/> Onyx | <input type="checkbox"/> Reset Password |
| <input type="checkbox"/> Cherry | <input type="checkbox"/> Reset Password |

Signature: _____