

**CIS HELP DESK  
BROWN UNIVERSITY  
BOX 1824  
PROVIDENCE, RI 02912  
FAX NUMBER: 401-863-7216  
PASSKEY RESET FORM**

Please provide the information requested below and fax this form, along with a copy of your hospital ID card and a copy of the front of your Brown ID Card (see sample at bottom of this form) to 401-863-7216.

Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Name (printed: Last, First):  
\_\_\_\_\_

Username: \_\_\_\_\_ (if you do not know your username, please call the Computing Accounts Office at: 401-863-HELP)

Hospital: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Non-Brown email address (eg: [jsmith@yahoo.com](mailto:jsmith@yahoo.com))  
\_\_\_\_\_

“By signing this form, I affirm that the information submitted in this request is true and correct, and I understand that if there is any misrepresentation of facts on this form, I could lose my Brown Electronic Account Privileges.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

