

**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)

“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: _____

