MPG USER PASSWORD RESET/TRANSFER/TERMINATION FORM

REQUEST TYPE	PASSWORD RESET		TRANSFER		SERVICE TERMINATION	
SYSTEM	ACTIVE DIRECTORY		E-MAIL		INTERNET	
NAME						
SURNAME						
ID NUMBER						
PERSAL NO.						
TEL.						
E-MAIL ADDRESS						
DEPARTMENT						
JOB TITLE						
SECTION/UNIT						
TOWN						
OFFICE						
REASON FOR REQUEST:						
SIGNATURE						

SUPERVISOR   : _____

SIGNATURE   : _____

DATE   :_____

FOR OFFICE USE ONLY

RESETTED / NOT RESETTED / TRANSFERRED / TERMINATED

ADMINISTRATOR: _____

SIGNATURE   :   _____

DATE   :   _____