

Password Change Form
Bedford County Dept. of Education – Technology Dept.



School(s): _____ Date: _____

User Classification:

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Regular Ed Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Guidance | <input type="checkbox"/> Nurse | <input type="checkbox"/> Office Staff |
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> Special Ed | <input type="checkbox"/> Title | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Other: _____ | | | |

Given Name (First M. Last): _____

Preferred First Name (if applicable): _____

Windows account/Email Address: _____

Requested Windows/Email Password: _____

Password:

- **Must be at least 8 characters long**
- **Must be legible**
- **Must NOT be a password used before**

Passwords are case sensitive, and capital letters will be used in the password. Therefore, be mindful of how the password is written out.

If provided password does not follow these guidelines, a password will be created for the user.

Below is for Official Use Only

Official Use Only

Password:

Approved

Not Approved