



THE STATE UNIVERSITY OF ZANZIBAR (SUZA)
CENTER FOR ICT SERVICES
PASSWORD RESET REQUEST FORM

FULL NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CAMPUS: _____ DEPARTMENT/UNIT: _____

Please specify services/application:

Staff mail	<input type="checkbox"/>	ERMS	<input type="checkbox"/>
SMZ mail	<input type="checkbox"/>	E- Office	<input type="checkbox"/>
OSIM	<input type="checkbox"/>	Library Systems (Koha, Dispace)	<input type="checkbox"/>
SUZIM	<input type="checkbox"/>	E-learning (Moodle)	<input type="checkbox"/>
Domain user	<input type="checkbox"/>	Other	<input type="checkbox"/>

Reason for Password Reset:

Forgot password ☐

Shared ID ☐

Other, Specify ☐

Please inform my new password by (tick ONE only):

Email address: ☐ Phone number: ☐

SIGNATURE: _____ DATE: _____

Approval by your head

Name of the Head: _____

Signature: _____ Date: _____



For Center of ICT Services Office only

ICT Services staff name in charge: _____

Signature: _____