

Guilford County Schools  
Technology Center

**GCS Password Reset Request Form**

School Site: \_\_\_\_\_

or Central Office Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

GCS User ID: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Approximate Date of Last Login: \_\_\_\_\_

Reason For Password Reset: \_\_\_\_\_

\_\_\_\_\_

My password does not work; I would like you to change my password to:

\_\_\_\_\_

I forgot my password. Please assign me a new password.

Your new password is as follows:

\_\_\_\_\_

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

**Send this form to: Technology Center, Prescott St. Attention: User Accounts**  
**This form will be returned to you with your new password confirmation**