



Registration Office
 P.O. Box 8106, San Luis Obispo CA 93403-8106
 Phone: (805) 591-6225; Fax: (805) 591-6370
 Email attachment to: ncchelp@cuesta.edu (no jpg files)

**myCUESTA PASSWORD
 RESET REQUEST**

REQUESTS MUST BE VERIFIED BY GOVERNMENT-ISSUED PHOTO IDENTIFICATION FOR YOUR PROTECTION.

Submit government-issued photo ID with request and sign below or request will not be processed. To maintain security of student records, information provided on this request will be verified against photo ID and Cuesta student records. Once data is verified, you will be issued a **myCuesta** temporary password and be required to select a new password. Your temporary password will be sent via email to the address provided on this form. Please allow 1-2 working days for processing.

- **Email attachments:** Please save file and submit in PDF format (not jpg).

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/ /	
IDENTIFICATION NUMBER AT CUESTA or SSN	BIRTHDATE — MONTH / DAY / YEAR	
LAST NAME	FIRST NAME	M.I.
PREVIOUS LAST NAME	LOCAL PHONE NUMBER	
@		
PERSONAL EMAIL ADDRESS (other than @my.cuesta.edu address)		
If you provided a different personal e-mail address, we will update your Cuesta records.		

Address Information

If you provide a different mailing address, we will update your records.

CURRENT MAILING ADDRESS	APT #	CITY	STATE	ZIP CODE	
PREVIOUS MAILING ADDRESS	APT #	CITY	STATE	ZIP CODE	

I AM REQUESTING ACCESS TO THE MYCUESTA PORTAL.

I CERTIFY THAT I AM THE PERSON NAMED ABOVE AND INFORMATION PROVIDED IS TRUE AND ACCURATE.

I UNDERSTAND THAT ANY FALSIFICATION MAY RESULT IN DISTRICT ACTION.

STUDENT'S SIGNATURE	DATE
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Submitted by: In-Person FAX EMAIL	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">9</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
OFFICE USE ONLY ID Checked by: _____	CUESTA STUDENT ID NUMBER
Processed by: _____	Username: _____
Date: _____	