

**Request of a new password
for computer rooms/wi-fi/spes**
sending by fax to the number 0432 558896 or by e-mail to alfa.help@uniud.it

I, the undersigned, _____
student/resident with ID number _____
telephone number: _____
personal email address (**not** Spes): _____

REQUEST

A new password for teaching rooms/wi-fi/Spes

selected password: _____

(minimum length of 8 characters, maximum length of 16 characters, must contain at least one capital letter, one lowercase letter and a number. Furthermore, it must not contain user's name and surname)

I declare to be aware that

- the request would not be accepted if the applicant will not submit a double-sided copy of the identity document

Date _____

Signature

Attached form to the fax or to the e-mail:

n. 1 double-sided readable copy of the identity document