



Central Office
P.O. Box 1410
1550 Main Street
Springfield, MA 01103

THE PUBLIC SCHOOLS of SPRINGFIELD, MASSACHUSETTS

TECHNOLOGY DEPARTMENT
Domain / Email Account Registration Form

The information on this form will remain confidential and the sharing of passwords by employees is strictly forbidden.
All information on this form is to be printed clearly and full legal names MUST be used!

- Last Name _____
- First Name _____
- Middle Initial _____
- Position _____
- Location _____
- Reason for submission: New Account *Password Change *Name Change
- *Current user name needed for change _____

Username will be assigned based on full legal last name and some part of the first name
Ex: Mary A. Smith-Jones Username: smith-jonesm or smith-jonesma or etc.
Email: username@sps.springfield.ma.us

- Requested Password (See Rules Below)

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PASSWORD must be a minimum length of **8 characters** and include at least 1 character from 3 of these 4 groups: 1) UPPER CASE 2) lower case 3) Numeric 4) Special Characters (i.e. \$, #, !, %) (Note: Please do not use any part of your name or username or a simple phrase that can be read over your shoulder.)
Ex: Xjedf6 or kejrt3! or UD537\$

THIS FORM WILL BE RETURNED TO THE EMPLOYEE BY THE TECHNOLOGY DEPARTMENT AFTER PROCESSING. IF ADDITIONAL ASSISTANCE IS NEEDED, THEN PLEASE CALL 750-2175 FOR ASSISTANCE!

PLEASE REMEMBER TO DESTROY THIS FORM UPON RECEIPT.

For Technology Department Use Only

USERNAME assigned _____

PASSWORD assigned _____

Notes: