

Date of Application: (Month) (Day), (Year)

Password Change Form

Application Category	<input type="checkbox"/> Password change	<input type="checkbox"/> Network password change	
User Affiliation	<input type="checkbox"/> Board member	<input type="checkbox"/> Full-time teacher	<input type="checkbox"/> Part-time teacher
	<input type="checkbox"/> Foreign teacher	<input type="checkbox"/> Foreign researcher(ILCAA)	
	<input type="checkbox"/> Full-time clerical staff	<input type="checkbox"/> Part-time clerical staff	
	<input type="checkbox"/> Others (_____)	[manager's affiliation and signature]	
Name (in kanji or katakana)	_____		
Name (in Roman alphabet)	_____		
Affiliation	_____		Room Number _____
Telephone Number(Extension)	_____		
Delivery place(way)	<input type="checkbox"/> Here	<input type="checkbox"/> Online (_____)	
		※other than 「@tufs.ac.jp」 (for 「Password change」 above)	
Mail address (account)	_____		
	※The mail address (@tufs.ac.jp) that you need to change		

■Reason for Application (briefly)

Notes

- Please complete this application and submit it to the designated location.
- ~~The weekly cutoff for submissions is Monday, and permits will be issued on Friday.~~ Please obtain your permit at the location where you submitted your application.

Reception Use Only

受付日：令和 年 月 日

受付者： _____

本人確認： (_____)

連絡事項：