



**Mineral Area College**  
Serving Communities Since 1922

PASSWORD REQUEST FORM

Registrar's Office  
P.O. Box 1000  
Park Hills, MO 63601

Phone: 573-518-2119  
Fax: 573-518-2166

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yy

Name: \_\_\_\_\_  
First Middle Initial Last

Maiden/Prior Names: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Check one:

I request my password to be mailed to me at the following postal address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request my password to be faxed to me at the following number:

\_\_\_\_\_

I am showing a photo I.D. and request my password in person.

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Office use only

Processed by: \_\_\_\_\_

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