

The Regional Medical Center at Memphis
Information Technology Department

MEDITECH VERBAL PASSWORD RESET AUTHORIZATION

(Please PRINT)

LAST NAME: _____ First _____

MEDITECH User Mnemonic: _____

I authorize The Regional Medical Center's IT department to reset my password over the phone based on correct answers to 4 of the following questions.

I understand that failure to answer these questions via telephone may require me to present proper identification to the IT Department in person during normal business hours to have my password reset.

I understand that failure to complete this form, should my password need to be reset, will require me to show proper identification to the IT Department during normal business hours to have my password reset.

Question 1 Last 4 digits of user's Social Security number: XXX-XX-_____
(last 4 digits ONLY)

Question 2 User's Date of Birth: ____ / ____ / 19____

Question 3 Employee number (if Med Employee): _____
(located on back of ID)

Questions 3a and 4 Other questions: (Non-Med employees should select at least 2)

Mother's maiden name: _____

In what city were you born: _____

What is your pet's name: _____

Other verification question you would prefer to be asked:

Answer to this question: _____

User's Signature: _____ Date: ____ / ____ / ____

IT initials: _____