**Schools Mail Identity Verification Check**

This form is to be completed **only** by the **Headteacher** or the **Business Manager/Bursar**.

Once complete please email the form to: ITServicedesk@suffolk.gov.uk

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| --- | --- |
| Name of school / academy  | Full school name |
| 3-digit code for your school / academy | 3-digit code allocated to your school / academy |
| Name of requester | Primary contact for this request |
| Job role of the requester | Headteacher/Business Manager/Bursar |
| Payroll number of the requester | Payroll number |
| Contact phone number | Primary contacts phone number |
| Email Address of the mailbox with the issue | Full email address of account |
| What issue do you have? | Password |
| If the issue is with MFA what method needs to be reset? | Choose an item. |
| Payroll no./Employee id no:. | Users payroll/employee number |
| Contact Number for the user | Users contact phone number |

Please make sure you have answered all the questions on the form before submitting it.

After submitting a form, you will receive an email notification confirming the service request number assigned to the request.

If we require any additional details, we will then contact you on the details you have provided.