**Schools Mail Identity Verification Check**

**Did you know Schools Mail users can use Schools Mail Self Service Password Manager to resolve most password related issues?**

Go to <https://aka.ms/ssprsetup>to register for Schools Mail Self Service Password

Go to <https://aka.ms/sspr> for forgotten passwords or locked accounts.

Go to <https://aka.ms/mysecurityinfo> to change your password.

For detailed guides, contact ITServicedesk@suffolk.gov.uk

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

Use the **Headteacher** or the **Business Manager/Bursar individual’s mailbox** (not the generic mailbox) to email the completed 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*Suffolk IT will validate this information against the information we hold for the school.* | Name of the authorised primary contact for this request. |
| Email address of the requester | Email address of the authorised primary authorised contact for this request. |
| Job role of the requester*Suffolk IT will validate this information against the information we hold for the school.* | 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 does the user have?*To help our Service Desk agents better understand the issue so they can provide a quicker response.* | Choose an item. |
| If the issue is with Multifactor Authentication, what method needs to be reset? | Choose an item. |
| Preferred method of new password issuance*Choose your preferred method of how to issue the new password.**One-time passcode means an email is sent to the named requestor in this form. The email contains a one-time use link, used to retrieve the new password for the mailbox.* | Choose an item. |
| Payroll no./Employee id no: | Users’ payroll/employee number |
| Contact Number for the user | Users contact phone number |
| Preferred call back date and time *\*Subject to Service Desk agent availability to make the call* | 05/08/2025 00:00 |

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.

**Please pass the service request number to the user, the Service Desk agent will request this on the call back for security reasons.**

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