I, *Manager* *[name, role and department]* hereby confirm the identity of *[insert name, role and department]* and confirm that this person may be allocated a replacement password for use with the username *[insert detail].*

Signed:

Date:

Request actioned:

Director

Date:

***Document Owner and Approval***

The IT Manager is the owner of this document and is responsible for ensuring that this procedure is reviewed in line with the review requirements of the ISMS.

A current version of this document is available to all members of staff on the corporate intranet.

This work instruction was approved by the Director (CISO) on 14th November 2020 and is issued on a version-controlled basis under his/her signature.

Signature: Date: 14/11/2020

**Change History Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Issue | Description of Change | Approval | Date of Issue |
| 1 | Initial issue | Gavin McCloskey | 14/11/2020 |
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