I am requesting access to my child/children’s student information on the Glascock County School District Infinite Campus Parent Portal website. I have read the *Glascock County School District Acceptable Use Policy/User Guidelines for the Infinite Campus Parent Portal* and agree to abide by and support the expectations. I understand that for security purposes the District reserves the right to change user passwords or deny parent/guardian access at any time. By signing this agreement, I, as parent/guardian, release the Glascock County School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child/children. I understand that three (3) unsuccessful logins will disable my account. If my account becomes locked I will email Jessica Miller and request the account be unlocked. I will provide the “Personal Login ID” given to me at the time the account was created and answer questions to verify my identity. I understand that it may take up to 5 school days to have my account unlocked.

I have checked that the computer I will be using to access the internet site for viewing student information meets or exceeds the minimum requirements as identified in the user guidelines and that the school district is not responsible for assisting with technical difficulties on my home computer.

List the names of your child/children currently enrolled at GCCS and residing at the address listed below. The information given on this form must match the enrollment information provided on your registration form.

**Please print:**

|  |  |
| --- | --- |
| Parent/Guardian Last Name: | Parent/Guardian First Name: |
| Address: | City, State, Zip: |
| Home Telephone Number: | Cell Phone Number: |
| Email Address: |

**Please print:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s First Name** | **Child’s Last Name** | **Child’s Birth Date** | **Relationship** |
|  |  |  |  |
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***I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above. I also authorize my middle school and high school students listed above to have access to the student portal.***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Parent/Guardian Signature) | (Parent/Guardian Name) | (Date) |

Please bring this form and proof of identification with you when you register for the Parent Portal.

|  |  |
| --- | --- |
| Office Use Only: | Form & ID checked by: |
| ID Verified [ ]  | Email Verified [ ]  | Activation Key Provided [ ]  | Date: |