



INFINITE CAMPUS

Parent/Guardian Access Request Form

Vicksburg Community Schools can and is pleased to provide access to student records via the Internet. In order to protect the confidentiality of student records, all parent/guardians who want to use this service are required to fill out this form, read the Infinite Campus Parent Portal Acceptable Use and Safety Policy, and return it in person to any one of your students' schools. Please bring a photo ID with you when you return the form.

Parent/Guardian
 Name: *(one name per form)* _____
(First name, middle initial, last name)

Parent/Guardian
 Home Address: _____
(Street) *(City)* *(State) (Zip)*

Parent/Guardian
 Home Phone: _____ Work Ph: _____ Cell Ph: _____

Please list all students currently enrolled in Vicksburg Community Schools

Student Name	Your Relation to Student (e.g. mother, father)	Reside with student? (Yes or No)	School Building	Grade

Check all that apply:

- I certify that all of the above information is true and I have legal authority to access the records of the students(s) listed above.
- I have read the Acceptable Use and Safety Policy.
- My computer meets the system hardware and software requirements.
- I understand that Vicksburg Community Schools reserves the right to deny or cease access to the Parent Portal due to abuse of the portal, court orders, or any other legal proceedings that limit the availability of private education data.

Signed: _____ Date: _____

Note: Once the information provided above is verified and processed, you will receive your Infinite Campus Activation Key. Once you receive the Activation Key, you will be able to access the Campus Portal and create your User name and Password.

Office use only:

Date Returned: _____ ID Verified Form & ID Checked By: _____

Verify E-mail Activation Key Provided Date key Provided: _____ Initials: _____