



SchoolLoop

Parent Access Request Form

Please complete and sign this form and return the form to your child's Registry teacher. Except for the user name, all information on this form should match the official records on file. Any discrepancy will delay the approval process. Your request will be approved upon confirmation of information received.

Name of Student _____ / _____ ID# _____ Reg _____
Last Name First Name

Name of Additional Student(s) from Same Family

_____ / _____ ID# _____ Reg _____

_____ / _____ ID# _____ Reg _____

Name of Primary Parent/Guardian on File _____

Email address _____ (please be legible)

Day Time Telephone # _____

Cell Phone # _____ Home Phone # _____

Your Home Address (Must match our Records) _____

User Name desired _____ (Your Choice)

Name of other Parent/Guardian (if any) _____

Email Address _____ (please be legible)

Day Time Telephone # _____

Cell Phone # _____

I certify that all the above information is true.

Signature of Primary Parent/guardian

Date Signed