



INFINITE CAMPUS PARENT/GUARDIAN ACCESS REQUEST FORM

Rockwood School District can 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 new service are required to fill out this form and return it **in person** to any one of your students' schools. Please bring a **photo ID** with you when you return the form.

Note for parents/guardians - in the event you have a unique situation (e.g. you live outside the area) and are unable to deliver the Parent Access Request form to your school's administrative office, please contact your school's principal to discuss the alternatives.

Please Print

Parent/Guardian

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

Parent/Guardian

Home Address: _____
(Street address) (City) (State) (Zip)

Parent/Guardian

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Parent/Guardian E-mail Address: _____

<i>Please list all students currently enrolled in Rockwood School District</i>	Your Relation to Student (e.g., mother)	Reside with student? (Yes or No)	School	Grade Level

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.

Signed: _____ Date: _____
Signature & I.D. must be that of the Parent/Guardian shown on firstline (mm/dd/yyyy)

Important – 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. Click on **New User?** to do this.

For technical assistance with the Campus Portal, please e-mail portalhelp@rsdmo.org

Office use only:

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

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