

Parent/Guardian Access Request Form

Pittsford Central School District can provide access to student information via the Infinite Campus Portal. In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form and return it in person to one of the office staff at your child's school. If you have children in multiple schools within the District, please return the form to any of these schools between the hours of 7:30 AM and 4:00 PM. **For security purposes a photo ID is required when you return the form.**

Once the information provided below is verified and processed, you will receive your Infinite Campus Activation Key via US Mail.

	PLEASI	E PRINT	
Parent/Guardian			
Name: (One name per form)			
	t Name, Middle Initial, Last Na	me)	
Parent /Guardian			
Home Address:			
Parent/Guardian E-Mail Address:			
One e-mail per parent is maintained. If the a		he current one on file, the addres	s submitted on this form will be
considered the most current and be used for	all future communications.		
Please list all children in	Your relationship to	Reside with Student?	Grade Level
household who are/will	student	(Yes or No)	Grade Level
be enrolled in PCSD	student	(103 01 110)	
certify that all of the above infor	mation is true, and I h	ave legal authority to acc	cess the records of the stude
isted above.			
Signed:		Date:	
Signed:	nt/Guardian shown on first	t line (mm/de	d/yyyy)
-			
SWORN TO ME	Office Has Only		
	Office Use Only:		
BEFORE THIS	Date Retur	med:	ID
day of	Verified		
	Vermed		