

**Parent/Guardian Infinite Campus
Access Request Form
Bishop Kearney High School**

We can provide access to student information via the Campus Portal. In order to protect the confidentiality of student records, all parents/guardians are required to fill out this form and return it to the main office in a sealed envelope.

PLEASE PRINT

Parent / Guardian

Name: (One name per form) _____
(First Name, Middle Initial, Last Name)

Parent / Guardian

Home Address: _____

Parent / Guardian E-Mail Address: _____

Please list all children in household who are enrolled	Your relationship to student	Reside with Student? (Yes or No)	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:** _____

Requested User name: _____

Requested Password: _____

<p>Office Use Only:</p> <p>Date Returned: _____ Checked By: _____</p>
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