



Parent / Guardian Agreement & Access Request Form
Grand Island Central School District

Grand Island 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 provide verification of identity with photo ID or notarized form.

- I am requesting to review my children(s) student information on the Grand Island Central School District Infinite Campus Parent Portal.
- I have read the Grand Island Central School District User Expectations for the Infinite Campus Parent Portal and agree to abide by and support the expectations.
- I understand, for the interest of security, the District reserves the right to change user passwords or deny access at anytime.
- By signing this agreement I, as parent/guardian, release the Grand Island Central School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.
- I agree that I will not share my password or allow anyone other than myself to use the account including my own child (ren).
- I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
- I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3 – 5 schools days to have my account unlocked.
- I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Grand Island Central School District Web site.

List the names of all your child (ren) currently enrolled in Grand Island Central School District and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

PLEASE PRINT

Parent / Guardian Name (**one name per form**): _____

Parent / Guardian Home Address: _____

Parent / Guardian Email Address: _____

Parent / Guardian Home Telephone Number: () _____

Each parent will only need one login for all children/all schools. Parents that are also GICSD employees will use their GICSD login.



Please list all children in the household who you are the Parent /Guardian of and will be enrolled in GICSD.

Child's First Name	Child's Last Name	Child's Date of Birth	School Attending	Student ID# (to be completed by school)

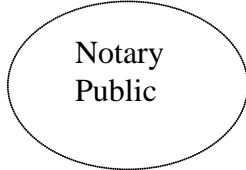
Parent / Guardian Signature

Date

Please Print Parent / Guardian Name

The school principal, secretary or designee must witness the parents signing this form. **The parent must provide a photo ID prior to signing.** If the parent cannot visit the school, a notary public must witness the parent signing the form and use their public seal with a current date.

School Witness or Notary Public Official Witnessing Parent / Guardian Signature



Date

Date Commission Expires

If notarized return form to 1100 Ransom Rd, Grand Island, NY 14072 Technology Department

Office Use Only:

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

Activation Key Provided Date Key Provided _____ Initials

GUID number _____