

CHANGE TO PARENT PORTAL ACCESS



Student:	School:
Student:	School:
Student:	School:
Student:	School:
Student:	School:
Student:	School:

PRIMARY CONTACT

Name:

Email:

I give permission for the following person to have access to the parent portal for the students named above:

Name:

Relationship:

Email:

I would like access removed for the following person in regard to the students named above:

Name:

Relationship:

Email:

Documents reviewed

Signature

Date