



Parent Assistant Access Form

This form is to be completed by a student over 18 years of age to grant permission to their parents/guardians access to academic information through Parent Assistant.

Student Name: _____ Birth Date: _____

School Name: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

By signing this form, I hereby grant permission for the above named parent(s)/guardian(s) to access my academic information through the Parent Assistant module.

Signature

Date

OFFICE USE ONLY

Date Received: _____

Parent Assistant Account Updated on: _____

Initials: _____