Macomb Community Unit School District 185

323 West Washington Street Macomb, IL 61455 (309) 833-4161

Family Access Request

Please fill out the following information; sign your name at the bottom; and return the form in person to your child's school office.

Parent/Guardian Information:
Each legal guardian may have his/her own login information [recommended], or you may choose to share the same one. Non-custodial parents may have access to their student(s) records as long as the appropriate forms are on file at the school in which the student(s) is enrolled.

Name: _____

Address:_____

Phone Number:_____

Email: _____

Student Information:
You will only need to fill out **one** application for your family. Parents will be allowed access to student information as long as at least one student is currently enrolled in the Macomb School District. When the last student of a family officially leaves the District, the account will be disabled.

Student Name: _____ Grade Level_____

Student Name: _____ Grade Level_____

Student Name: _____ Grade Level_____

Student Name: _____ Grade Level_____

By completing and signing this release I understand that I will be provided with credentials that will grant access to student records for the above students and agree to the following terms and conditions:

- Student records provided ***may*** include attendance records, student schedules, food service records, grades, contact/demographic information, discipline records, health records, bussing information and account/fee information.
- I accept full responsibility for the use of my credentials (user ID and password) and will use due diligence to protect such credentials and will not reveal them to any other party or individual.
- I will hold the District harmless in the event that student information is inadvertently released as a result of my compromised credentials.
- Inappropriate or unauthorized use of this system may result in civil or criminal penalties.

I agree to the above statements and certify that I am the legal guardian for each of the above students. I authorize Macomb Community Unit School District 185 to provide credentials that will grant access to these student's records.

_____ _____

Signature **Date**