

Family Access Request Form

Date _____

Please list all students currently enrolled in LDISD schools:

Student's Legal Name	Grade	Campus Attending

Guardian Information:

First Name _____ **Last Name** _____

Signature _____

You will need to provide a photo ID when returning with this form to receive your username and password into Family Access. You can return the form to any campus your student(s) attend. One account will give you access to all your students so you only need to go to one campus.

E-mail address:

Send password via e-mail Pick up password Send via US mail

For Office Use Only

Type of photo ID: DL _____ Other _____

Username and Password: emailed picked up sent by mail _____