

Affidavit of Parentage Form (optional)

(Form 3 of 3)



**EVANSTON/SKOKIE
SCHOOL DISTRICT 65**

Every Child, Every Day,
Whatever it Takes

Please complete this form if you are requesting the original birth certificate for your child to be listed as **CONFIDENTIAL** within District 65's Student Information Systems. The original birth certificate will be visible only to District Administrators who have access to viewing private student information.

Having first been placed upon their oath, the undersigned, depose and say:

Parent/Guardian 1:	Parent/Guardian 2:
Signature:	Signature:
ONLY SIGN this form in the presence of a Notary Public (available at JEH: 1500 McDaniel Ave).	

is/are the biological parent/s or legal guardian/s of:

Name of Student (use name from Student Information Change Request form):	Date of Birth:
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Date: _____

Subscribed and sworn to before me

by: _____

this _____ day of _____, 20_____

(Notary Public)

(Seal)

To District employees reviewing this document: Confidential student information shall not be shared with any other persons unless authorized by the parent/guardian or student over the age of 18. Violation of federal and state confidentiality laws and Board Policy may be cause for discipline up to, and including termination.

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Evanston, Illinois 60201

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Evanston/Skokie SD 65
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