

Sayville Public Schools

Parent Portals Access Request Form

I have read the **Sayville Public Schools Parent Portals Acceptable Use Policy** regarding all parent portals that are made available through the Sayville Public School District for parents and guardians, and agree to abide by and support this policy. This includes both the Infinite Campus Parent Portal and School Messenger. I understand that for security purposes, the District reserves the right to change user passwords or deny parent/guardian access at any time and without prior notice.

I am requesting access to view my child's/children's school information on the Sayville Public Schools Infinite Campus Parent Portal Web site and on School Messenger. I am at least 18 years of age, and able to be legally bound by the following terms of this agreement:

- I agree that I will not share my passwords or allow anyone other than myself to use the accounts, including my own children and spouse.
- I agree to protect or destroy any printed or electronic information generated from the District's portals.
- I agree to be e-mailed any pertinent information regarding my child/children.
- I understand that three unsuccessful login attempts will disable my accounts. If my accounts become disabled, I will notify the Parent Portal Help Desk at sayvilleportalinfo@sayvilleschools.org , and request that my accounts be unlocked. I will provide the user login name established at the time the accounts were created, and answer questions to verify my identity. The District, in its sole discretion, may require that I bring photo identification or notarized documentation to the school in order to verify parent/guardian identity.
- I have checked that the computer I will be using to access the parent portals meets, or exceeds, the minimum requirements as identified in the Sayville Public Schools Parent Portals Acceptable Use Policy. I understand that the District is not responsible for assisting with technical difficulties with my home computer.

Lastly, by signing this agreement, I as parent/guardian, release the Sayville Public School District from any and all liability for damages arising from unauthorized access to my parent/guardian accounts.

PLEASE LEGIBLY PRINT ALL REQUESTED INFORMATION

The information provided on this form must match the information recorded in the District's records.

Parent/Guardian Family Name: _____ **First Name:** _____

Residence Address: _____
(House Number and Street)

(Town, State, Zip Code)

Home Phone Number: _____ **Cell Phone Number:** _____

E-mail Address: _____

List the names of all your children enrolled in the Sayville Public School District

Child's First Name	Child's Last Name	Child's date of birth	Sayville School Attending	Grade

(Parent/Guardian Signature)

(Date)