INFINITE CAMPUS CAMPUS PORTAL ACCESS REQUEST FORM

Greene County School District can provide access to student records via the Internet. In order to protect the confidentiality of student records, all parent/guardians who want to use this new service are required to fill out this form and return it **in person** to any one of your students' schools. Please bring a **photo ID** with you when you return the form.

Please Print (Items with * are Required)

Name: (one name per form)	(First name, middle	initial last name	.)	_
*Parent/Guardian Home Address:				
(Street address	ss) (City)	(Stat	te) (Zip)	_
*Parent/Guardian	W. I Bl /	,		
	Work Phone: (_)		
*Parent/Guardian E-mail Address: _				
Please list all students currently inrolled in Greene County School District: Student Name	Your Relation to Student (e.g., mother, etc.)	Reside with student? (Yes or No)	School Attending	Grade Level
I certify that all of the above informathe the student(s) listed above.	ation is true and	l have legal au	ıthority to access the	records of
* Signed: Date:				
Important – Once the information pro Campus Activation Key. Once you red Portal via the GCSS web site (http://w	vided above is ver eive the Activation ww.greene.k12.ga	rified and proce on Key, you will t on to.us). Click on t	essed, you will receive y be able to access the C he "Campus Portal" but	our Infinite campus ton located
on the bottom of the site. Once there and Password for your portal account.				
and Password for your portal account.	1	m & ID Checke	ed By:	

^{*} By signing above, I understand that the Greene County School System is not responsible for any damages to my computer or software as a result of accessing the Parent Portal. I also understand that the GCSS is not guaranteeing successful connection of this service. In addition, I release the GCSS for any and all liability for damages arising from the unauthorized access to my parent/guardian account.