



PARENT / GUARDIAN PARENT PORTAL ACCESS REQUEST FORM

The Peekskill City School District can provide access to student information via the Campus Portal. In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form and return it **in person** to any one of your student(s)' schools. For security purposes, official **photo ID** is required and will be copied when you return the form.

PLEASE PRINT

Parent / Guardian

Name: *(one name per form)* _____
(First Name, Middle Initial, Last Name)

Parent / Guardian

Home Address: _____

Parent / Guardian E-Mail Address: _____

Preference for receipt of Activation Key ☐ US Mail ☐ Email

Please list all children in household who are / will be enrolled in Peekskill City Schools.				
(Student Name)	Your relationship to student	Reside with Student? (Yes or No)	School	Grade Level

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Signed: _____

Signature & ID must be that of the Parent/Guardian shown on first line

Date: _____

(mm/dd/yyyy)

Important – Once the information provided above is verified and processed, you will receive your Infinite Campus Activation Key via US Mail or email. When you receive your Activation Key, you will be able to access the Campus Portal through the Peekskill City School District website www.peakskillcsd.org, and create your user name and password. We recommend the User Name be the first two letters of your first name followed by your last name. (i.e. John Smith would be “josmith”) If the user name is already taken add another letter. Your password must be alphanumeric, containing at least eight characters, two of which must be numeric, i.e., “yankee09”.

Office Use Only:

Date Returned: _____ ☐ ID Received

☐ Verify E-mail ☐ Activation Key Provided Date Key Provided: _____ Initials: _____