



**FAMILY ACCESS PARENT/LEGAL GUARDIAN  
I.D. VERIFICATION**

*Please Print All Information*

**Parent/Legal Guardian Information**

First Name:	Last Name:
Mailing Address:	
City:	State:                      Zip:
Home Phone:	Work Phone:
Cell Phone:	E-mail Address:

**Enter information for EACH student you would like to register for Family Access.**

Student Name	School	Grade	Birthdate	Gender

I, \_\_\_\_\_, presently reside at \_\_\_\_\_,  
 City of \_\_\_\_\_, State of \_\_\_\_\_, do hereby cite and  
 affirm that I have authority for the above child's/children's student records as  
 Parent/Guardian.

This instrument is to be in effect from the date of execution unless revoked in writing.

\_\_\_\_\_  
Signature of Parent

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, \_\_\_\_\_ a notary public,  
 personally appeared \_\_\_\_\_, proved to me to be the person whose name is subscribed to within the  
 instrument and acknowledged that he/she executed the same.

Affix Seal Here

\_\_\_\_\_  
 Notary Public of State of \_\_\_\_\_  
 My Commission expires on \_\_\_\_\_

**Return Form to:**                      **Family Access Authorization**  
    **Educational Technology Department**  
    **2515 41<sup>st</sup> Street**  
    **Moline, IL 61265**