



# Polk County Schools



## Parent/Guardian request for Access to the Parent Portal

|                               |                      |                   |
|-------------------------------|----------------------|-------------------|
| <b>Student Name</b>           | <b>Student ID</b>    |                   |
| <b>Parent/Guardian's Name</b> | <b>Home Phone</b>    | <b>Work Phone</b> |
| <b>Mailing Address</b>        | <b>Email Address</b> |                   |

**I request a PIN (Personal Identification Number) to access my student's information on the Parent Portal.**

|                                  |             |                   |
|----------------------------------|-------------|-------------------|
| <b>Parent/Guardian Signature</b> | <b>Date</b> | <b>Print Name</b> |
|----------------------------------|-------------|-------------------|

You, as parent/guardian may receive your PIN using one of the following 3 options:

1. The preferred and most **secure** method is to go directly to the main office of your student's school in person with the proper identification (picture ID is required) to request your PIN. The PIN request form is not needed for this option.
2. The second method is to have this form notarized and returned to the main school office, along with a self addressed stamped envelope by the above named student. Your PIN will then be mailed to the address listed above.
3. The third and least secure method is to have this form notarized and returned to the main school office by the above named student. Your PIN will not be given to your student. It will be emailed to the address listed above.

\* Any other authorized contacts will need to go the student's school with proper ID to request their PIN. Contacts must have *Records Access* marked on the student's Emergency Card by the enrolling parent/guardian to be authorized for access the Parent Portal.

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Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

I hereby certify that the foregoing was executed before me on this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires: \_\_\_\_\_

|            |               |                     |
|------------|---------------|---------------------|
| Office use | Date Received | Date Emailed/Mailed |
|------------|---------------|---------------------|