

INFINITE CAMPUS PARENT PORTAL  
ACCESS REQUEST FORM

The Bibb County School district is now offering parents the opportunity to sign up for our Campus Parent Portal. In order to protect the confidentiality of all student records, all parents/guardians who want to use this new service are required to fill out this form and bring the form, along with a photo ID, to **any one** of your students' school office. You will be contacted by the school and will need to pick up your activation key at your student's school. **Please bring a photo ID with you when you return the form to any one of your student's school office.** Please list all students currently enrolled in a Bibb County School on one form. It is not necessary to fill out a form for each student.

Please Print

Parent/Guardian  
Name: (one name per form) \_\_\_\_\_  
*(First Name, Middle Initial, Last Name)*

Parent/Guardian  
Home Address \_\_\_\_\_  
*(Street Address) (City) (State) (Zip)*

Parent/Guardian  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Parent Guardian E-Mail Address \_\_\_\_\_

Please list all students currently enrolled at Bibb County.				
Student Name	Grade Level	School Name	Your Relationship to Student (ex. Mother, Father, legal guardian)	Reside with Student ? (Yes or No)

***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.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature & ID must be that of Parent/Guardian shown on first line

Once the information provided above is verified and processed, you will receive your Parent Portal Activation Key. Upon receiving the Activation Key, you will be able to access the Campus Parent Portal to create your UserName and password.

<b>Office Use Only:</b>	
Date Returned _____; ID Verified <input type="checkbox"/> ; Form & ID Checked by: _____	
<input type="checkbox"/> Verify E-Mail <input type="checkbox"/> Activation Key Provided	Date Key Provided _____ Initials _____