

HAUPPAUGE PUBLIC SCHOOLS

Electronic Web Access Agreement for Viewing Student Information
Via Hauppauge Public Schools' Infinite Campus Parent Portal

I am requesting to review my child(ren's) student information on the Hauppauge Public Schools' Internet website. I have read Hauppauge Public Schools' User expectations and Computer Requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, in the interest of security, the District reserves the right to change user passwords or deny access at anytime. By signing this agreement I, as parent/guardian, release the Hauppauge Public Schools from any and all liability for damages arising out of unauthorized access to my parent/guardian account. I agree that I will not share my password or allow anyone other than myself to use the account, including my own child(ren).

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that three unsuccessful logins will disable my account. If my account becomes locked, I will contact my child(ren's) school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3 – 5 school days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Hauppauge Public Schools website.

PLEASE PRINT

List the names of all your children currently enrolled in Hauppauge Public Schools and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

Residence Address: street: _____ town _____

Email Address: _____

Home Telephone Number: _____

Child's first and last name must be written below as they appear on the birth verification:

Child's First Name	Child's Last Name	Child's Date of Birth	Hauppauge Public School Attending	School Student ID # <i>(to be completed by school)</i>

The school will keep the completed and signed form in the cumulative record folder of each student.

The Student Registrar must witness the parent/guardian signing this form. The parent/guardian must provide a photo ID

prior to signing.

Parent/Guardian Signature

Date

Please Print Parent/Guardian Name

School Witness

Date

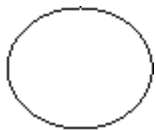
If the parent/guardian cannot visit the school, a notary public must witness the parent signing the form and use his/her public seal with a current date.

STATE OF NEW YORK)

ss:

COUNTY OF SUFFOLK)

On the _____ day of _____, 200_, before me personally came _____ to me known, and known to me to be the individual described in and who executed the foregoing Agreement, and duly acknowledged to me that he/she executed same.



Notary
Public

Notary Public