



Clover School District Technology

Request for Change of Parent/Guardian Password for PowerSchool Parent Portal

Please bring a photo ID along with this completed form to your child's school office to request a change.

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

School: _____

Student Number: _____ (completed by school personnel)

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Other Person(s) Needing Access or Removed from Access

<input type="checkbox"/> Add <input type="checkbox"/> Remove	<p>1. Parent/Guardian Check one of the following: _____ Parent _____ Guardian</p> <p>Last Name: _____</p> <p>First Name: _____ Middle Initial: _____</p> <p>Mailing Address: _____</p> <p>Email address: _____</p> <p>_____ Custody Password to be Sent: _____ US Mail _____ Email</p>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<p>2. Parent/Guardian Check one of the following: _____ Parent _____ Guardian</p> <p>Last Name: _____</p> <p>First Name: _____ Middle Initial: _____</p> <p>Mailing Address: _____</p> <p>Email address: _____</p> <p>_____ Custody Password to be Sent: _____ US Mail _____ Email</p>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<p>3. Parent/Guardian Check one of the following: _____ Parent _____ Guardian</p> <p>Last Name: _____</p> <p>First Name: _____ Middle Initial: _____</p> <p>Mailing Address: _____</p> <p>Email address: _____</p> <p>_____ Custody Password to be Sent: _____ US Mail _____ Email</p>

_____ Signature of Parent/Guardian

_____ Signature of School Personnel Verifying Information

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For Technology Office Use Only

_____ Date received in Technology Office

_____ Date mailed or returned to School