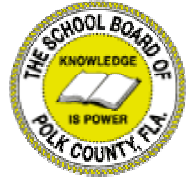


Parent Request for WebGrade Password



To the administrator of _____ EleGrade system
Enter School Name

Student Name: _____ Student ID: _____
Student's Full Name Student's 6-digit County ID number

Student Date of Birth: _____

(Please check)

I request a password to access my child's grades via the Internet.

Password and web address will be emailed to the Parent/Guardian's email address.

Parent/Guardian's Name

Parent/Guardian's relationship to Student

Parent/Guardian's email

Parent/Guardian's Signature

Date

The parent/guardian may either return this form in person with a picture ID **OR** they may have the form notarized below and returned by the student.

To be completed by a Notary Public

_____ Personally Known OR

_____ Produced ID (Type: _____)

Notary Public, State of Florida

STATE OF FLORIDA, COUNTY OF _____

I hereby certify that the foregoing was acknowledged before me on

This _____ day of _____

My commission expires _____

All requests will be verified against the student's Emergency Notification Card in the main office. There must be a current one on file to process this request. Letters mailed home will be mailed to the address on the Emergency Notification Card on file.