

EPHING SCHOOL DISTRICT

USERNAME/PASSWORD REQUEST

Fill out this form completely and return it to the _____ . By signing this agreement, you acknowledge that you have read and agree to comply with the Epping School District PowerSchool Guidelines.

I, _____, am the legal parent/guardian of
Print parent/guardian name

_____, and wish to:
Print student's name

- Request a RESET of my username/password**
- Request a COPY of my username/password**

I understand that requesting a COPY of my username and password will provide me a copy of my original username and password. I understand that requesting a RESET to my username and password cancels the previous username and password received and issues a new username and password. I understand that this information will be sent to my current mailing address.

My Current Mailing Address:

Street Address:	
City, State, Zip:	
Phone:	

Parent/Guardian Name (Print):
Parent/Guardian Signature:

Date:

PLEASE FILL OUT AND RETURN THE FORM TO _____.