

Infinite Campus Parent Portal Request

Date _____

Parent/Guardian Name _____

Student Name _____

- I need to reset my password.
- I have forgotten my login information.
- I would like to request an Activation Key for the Parent Portal.

I understand that this information is confidential and grant Locust Grove Middle School permission to send this information to me at the email address listed below.

Email address : (please print neatly)

Parent Guardian Signature _____

FOR OFFICE USE ONLY:

Date request received: _____

Date sent _____

Sent by _____