

WICHITA PUBLIC SCHOOLS
SCHOOL NAME
SCHOOL ADDRESS
PARENTVUE ACCESS REQUEST FORM

Instructions for completing this form:

A request form must be completed for each parent in the family requesting access to ParentVUE.

A copy of this form will be given to you for your files and one copy maintained at the school. The form must be completely filled out before it can be processed. If you have questions regarding ParentVUE or this access form, please contact your school.

For the purpose of reviewing student records of my student(s) listed below, I request access to the Wichita Public Schools ParentVUE program that is available electronically to parents of students who attend Wichita Public Schools. **I agree that, as a condition to my being granted access to ParentVUE; I will immediately notify the office staff of the school my student(s) attend if I unintentionally access student records for any student other than my student(s) listed below. In addition, I agree that if I do not immediately notify office staff that I unintentionally obtained access to records of any other student than my student(s) listed below, or if I intentionally access records of any other student other than my student(s) listed below, my access to ParentVUE will be terminated. I understand that a termination of my access to ParentVUE will not affect my rights under the Family Educational Rights and Privacy Act to otherwise obtain educational records that pertain to my student(s).**

I currently have ParentVUE and my user name is: _____

Last Name _____ First Name _____

Address _____
Street City, Zip

Day Phone _____ Email: _____

 Parent Signature

 Date

(The person who signed this form must present a photo ID to pick up the Activation Key for this request.)

I am requesting access to ParentVUE for my children listed below

Last Name	First Name	Middle Initial	Date of Birth Month/Day/Yr	School	Grade

SCHOOL USE ONLY

Date _____ School Year _____

Student ID Numbers: _____