Acceptable Use Policy

The Infinite Campus Parent Portal permits parents/legal guardians to access confidential attendance and academic information for their student(s).

To safeguard this confidential information, authorized users must:

- Provide the district with a personal/active e-mail address.
- Proof of Identity
- Not share their passwords with anyone, including their student(s).
- Not attempt to harm or destroy data of their student(s) or other families’ students
- Log off portal sessions after each use, and not leave their computer unattended while logged into the Portal.

List Student Names:
Please print the name(s) of your student(s) who attend Holland Public Schools:

*If you have an open Parent Portal account, there is no need to complete this form.*

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- The HPS district will not provide information to any person other than a parent or legal guardian of the student(s).
- There are tools in Infinite Campus that allow teachers, secretaries and administrators to communicate with parents via email. The HPS district will provide your email address to these individuals.
- The HPS district will terminate the account for users who are identified as a security risk to the Parent Portal.
I have read, understand, and agree to the conditions described above for a Parent Portal account. I agree that it is my responsibility to safeguard this account and password information at all times until the account is closed.

*If you have an open Parent Portal account, there is no need to complete this form.*

Portal User information (please print)

Legal Name: _____________________________________________________

Address: ________________________________________________________

Phone Number: ___________________________________________________

E-mail Address: ___________________________________________________

Signature: _______________________________________________________

Date: ___________________________________________________________

To protect the privacy and rights of student records under FERPA (Family Educational Rights and Privacy Act) please complete the following:

The name of any additional parents/guardians that will/may request access:

_____________________________________________________________

The name of individuals that may not have access to student records (please attach or provide proper legal documentation).

_____________________________________________________________

For Office Use Only

Date received: ___________________________________________________

ID Checked by: ___________________________________________________

Application Status Reviewed by: _________________________________

Application Status: ____________________________________________

Nov-13