

Request for Permission for a Family Access Account

Please fill out the following information and mail or bring the form to:

Family Access Request
Lamar Middle School
2120 North 1st Street
Temple, TX 76501

Please note: PRINT INFORMATION CLEARLY. This form must be completed in its entirety for Family Access accounts to be set up. The information provided below must match what is on file in your child's (children's) school office. If the information does not match, you will be contacted and directed to update your information at the campus.

If both parents/guardians reside at the same address, add the 2nd parent name if desired. If the 2nd parent resides at a different address, please use a different form for each parent.

1. Parent/Guardian Name: _____
Parent email address: _____
2. Parent/Guardian Name (if 2 accounts are requested): _____
Parent email address: _____
3. Street Address and Zip Code: _____
4. Phone Number: _____

Please include information on all children that you want included in your Family Access account below.

Student Name	Campus	Grade	Student ID #

I verify that I am the parent or guardian of the child(ren) in the request above and have the legal right to the information in Family Access.

Parent Signature

Parent Signature (as needed)

Once the form has been approved, you will receive an email with your account information.