

HCPSS Family Portal
REQUEST FOR AN ADDITIONAL USER ACCOUNT

NAME _____

ADDRESS _____

E-MAIL _____

PHONE _____

STUDENT'S NAME _____

STUDENT'S ID NUMBER _____

RELATIONSHIP TO STUDENT _____

REASON FOR THE REQUEST _____

Please return completed forms to your child's school. Forms may be submitted to the school electronically or in hard copy. Please allow two weeks for your request to be processed. Account information will be sent to you as soon as possible. Thank you for your patience.

<u>For school use only</u>	
School name:	_____
School contact name:	_____
<u>Technology office use only</u>	
Date processed:	_____
Processed by:	_____