

# EPHING SCHOOL DISTRICT

## USERNAME/PASSWORD REQUEST

Fill out this form completely and return it to the \_\_\_\_\_ . By signing this agreement, you acknowledge that you have read and agree to comply with the Epping School District PowerSchool Guidelines.

I, \_\_\_\_\_, am the legal parent/guardian of  
Print parent/guardian name

\_\_\_\_\_, and wish to:  
Print student's name

- Request a RESET of my username/password**
- Request a COPY of my username/password**

I understand that requesting a COPY of my username and password will provide me a copy of my original username and password. I understand that requesting a RESET to my username and password cancels the previous username and password received and issues a new username and password. I understand that this information will be sent to my current mailing address.

### **My Current Mailing Address:**

<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	

<b>Parent/Guardian Name (Print):</b>
<b>Parent/Guardian Signature:</b>

<b>Date:</b>
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**PLEASE FILL OUT AND RETURN THE FORM TO \_\_\_\_\_.**