ROCHESTER COMMUNITY SCHOOL CORPORATION
ELECTRONIC ACCESS TO STUDENT REPORTS

A separate form must be completed for each Rochester Schools' student in your family.

Student Information:

Student Name _____ Social Security # _____ Date of Birth _____

Parent/Guardian Information:

Name _____ Relationship _____

Address _____

Home Telephone _____ E-mail address _____

Please check information you wish to receive via e-mail (one or both):

- ☐ Summary of current grades and attendance
- ☐ Detailed report showing all assignment scores for each class

How often you would like to receive e-mail reports:

- ☐ Daily
- ☐ Every two weeks
- ☐ Once a week
- ☐ Once a month

To receive PIN to access the system, the parent or legal guardian must return this form **IN PERSON** to your student's building secretary. School offices are open, 7:30 a.m. to 4:00 p.m., Monday through Friday on days when school is in session.

To be completed by office:

User ID _____ Password _____