

HACKENSACK HIGH SCHOOL

Parent / Guardian Student Access Security Request Form

Please complete the following and return it in person to your child's school.
Photo Identification is required.

PARENT / GUARDIAN INFORMATION

(Please print)

Parent / Guardian

First Name _____ Last Name: _____

Telephone# (daytime): () _____ - _____

Email: _____

Parent Signature / Date: _____

Continue Mailing of Reports Yes No

STUDENT INFORMATION

Student's School: Hackensack High School

List Student(s) information Below:

First Name	Last Name	Birth Date
1		
2		
3		
4		

Photo Identification confirmed by /Date _____

Parent / Guardian is authorized to access student(s) _____ YES _____ NO

Principal's Signature / Date: _____