



## POWERSCHOOL PARENT ACCESS PERMISSION

I give permission to the CRCSD to release information to create a PowerSchool parent account to allow the parent/student representative identified below to access my son/daughter's PowerSchool information online.

I understand that the parent/student representative will be viewing personal information including grades, attendance, graduation progress, class schedules and assignments, and other personally identifiable information.

I also understand that the Agency representative will have access to the eRegistration section which contains student name, birthdate, address, phone number, race, ethnicity, gender, language choices, parent and emergency contacts, health information and school permissions.

This agreement is only valid for the current school year and can be revoked at any time during the current school year.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent/Student Representative Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent/Student Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Organization

\_\_\_\_\_  
Representative Contact Number

Please return this form to:

Darci Jackson  
Cedar Rapids Community Schools  
Office of Learning and Leadership  
2500 Edgewood Road NW  
Cedar Rapids, IA 52405

OR

[djackson@cr.k12.ia.us](mailto:djackson@cr.k12.ia.us)