



Online Student Records Access Application

Applicant Information

(Please print)

Please note that if you are not the student's parent/guardian you need to obtain the parent's/ guardian's signature before your request will be processed.

Parents or Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____
e.g. 2319247350

Please list all of the students for which you need access. You only need to complete one form even if students are in different buildings.

Students Name	Applicants Relationship to Student	School Building	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE: You will receive an email from "do.not.reply@ncresa.org" with instructions to set your password. If you do not receive an email from NCRESA, please check your spam folder. If you still don't see an email from NCRESA, please call FTD @ 231-924-8195 or your child's school office.

Parents or Guardians Signature _____ Date _____

Applicants Signature _____ Date _____
(If applicant is not parent/guardian)

**Parent/Guardian MUST turn form in to office IN PERSON.
Please bring form of PICTURE ID for identification purposes.**

OFFICE USE ONLY

Approved by _____ Date _____