



RAVENA-COEYMANS-SELKIRK CSD • PO Box 100, 15 Mountain Road, Ravena, NY 12143 • Phone: 518-756-5200 • Fax: 518-756-4561

### Request for Non-Parent/Guardian Access to Synergy ParentVUE

*This form must be completed and signed by all parents/guardians who have rights to make educational decisions for the child(ren). The district will not process forms that are missing information or signatures.*

Full name of adult to be given ParentVUE access: \_\_\_\_\_

Email address (required): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student First Name	Student Last Name Date of Birth	Grade	Relationship to named adult

By signing below, each parent/guardian with educational rights consents to the above-named adult receiving full access to the Synergy ParentVUE application for all listed children. If any parent/guardian with educational rights removes their permission in writing, the ParentVUE access of the above-named adult will be revoked.

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Custody Type: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Custody Type: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian #3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Custody Type: \_\_\_\_\_ Signature: \_\_\_\_\_

**Inquiry • Collaboration • Risk-Taking • Participation • Empathy**