

REQUEST TO BE ADDED TO FOCUS INFORMATION SYSTEM

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

1. My name is _____.
2. My address is _____.
Phone: _____ . Email: _____.
3. I am the legal parent of _____ whose Escambia County School District student number is _____.
4. To my knowledge, there are currently no court orders limiting or terminating my parental rights for the above identified minor child. As the parent, I have the legal right to have access to my child's records, to fully participate in my child's education, and to add the following persons as emergency contacts:

Name	Relationship	Phone No.	()Yes ()No Pickup?
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Name	Relationship	Phone No.	()Yes ()No Pickup?
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5. I will provide to the school district any and all legal documents affecting the care and custody of my child that are in my possession or obtain such documents that the school district requires in order to maintain the safety of my child and assure the privacy of my child's education records.
6. I understand that the Escambia County School District will rely upon the information provided by me in this Affidavit.

State law provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty commits a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree (F.S. 92.525 and 837.06)

Affiant

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20_____, by _____ who is () personally known to me, or () provided as identification:_____.

Notary Public - State of Florida

(SEAL)