



## Sonora ISD txConnect Access Form

Please return this completed form to your child's campus office.

**Please note:** You must complete a separate form for **each** child you wish to have on your account.

### STUDENT INFORMATION (PLEASE PRINT CLEARLY):

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

**CAMPUS (CHECK ONE CHOICE):**

**High School**  
**Middle School**  
**Intermediate School**  
**Elementary School**

### PARENT/GUARDIAN INFORMATION (PLEASE PRINT CLEARLY):

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

I have read, understand and agree to the txConnect access stipulations as set forth by Sonora ISD. I affirm that I am the Parent/Legal Guardian of the above named student. I understand and agree that Sonora ISD is not responsible for unauthorized access to student information. By signing below, I waive claims or causes of action I may have against Sonora ISD by reason of such unauthorized access. As a parent/guardian of the above named student, I hereby authorize Sonora ISD to post my student's information on txConnect. I understand and agree that this authorization remains in effect until I revoke by means of written notice or upon withdrawal of my child from the district. Furthermore, I understand that the User ID and password are to remain confidential. Any abuse of this access will result in deactivation of txConnect access.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Principal Initials

\_\_\_\_\_  
Date