



Topeka Public Schools

PowerSchool Parent/Student Portal

Change of Password Form

Student Information: (Needed for both Student or Parent Password Change)

Last Name: _____ First Name: _____ Middle Initial: _____

Student Number: _____ DOB: _____

School: _____

Parent/Guardian Information: (Needed for Parent Password Change)

Last Name: _____ First Name: _____ Middle Initial: _____

Email address: _____

Mailing Address: _____ City: _____ State _____ Zip _____

Phone Number: _____ Relationship to Student: _____

Parent/Guardian Signature _____ Date: _____

Password to be Sent:

- US Mail
- Email
- Phone

For Office Use Only

Date Received in Technology Office _____

Date Mailed or Returned to School _____

Signature of Personnel Removing Account _____