

**MUSKEGON CATHOLIC CENTRAL HIGH SCHOOL  
MUSKEGON CATHOLIC CENTRAL MIDDLE SCHOOL  
PARENT INTERNET VIEWER PASSWORD RELEASE FORM**

My signature below indicates my permission for the Muskegon Catholic Central Counseling

Office to release the password to \_\_\_\_\_ for the  
*Parent Internet Viewer* login for the student named below:

Student Name: \_\_\_\_\_  
*(please print legibly student's first and last name)*

Parent Name: \_\_\_\_\_  
*(please print legibly parent's first and last name)*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

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