

Laquey School

Password Change Request Form

STI – Student Information System

PLEASE PRINT

Parent's Name

Reason

Contact Phone:

Cell Phone:

You need to fill it out and print this form, mail or bring in to one of the office.

Please return it to:

Laquey Schools
C/O Steven Moore
27600 Hwy. AA
P.O. Box 130
Laquey MO. 65534
(573) 765-3716

