Permanent Restricted Access Permission

Parent/Legal Guardian Permission to Access Permanently Restricted Materials

Please deliver this Form to the school library staff where the student attends.

1. Name of Student __________________________
2. Student Identification Number __________________________
3. Name of Parent/Legal Guardian __________________________
4. School __________________________
5. Title __________________________
6. Author __________________________

I ____________________ the parent/legal guardian of ____________________, a student at _________________ school grant my student permission access to the following library materials placed in permanent restricted access.

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________

Printed Name: __________________________
Signature: __________________________
E-mail/phone: __________________________