

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: _____