Individual Student Restriction

Parent/Legal Guardian Individual Student Restriction

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 restrict my student’s access to the following titles:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

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