

Permission to Check Out Restricted Materials

Student Name _____ ID# _____

Parent/Guardian Contact Information

Name _____

Phone _____ Email _____

- My child has permission to read any restricted title.
- I will make a decision on each specific title. (Complete form below.)

Please fill out for each specific title.

I give permission for my child to read the following title(s)

Title _____ Author _____ Date: _____

Title _____ Author _____ Date _____

Title _____ Author _____ Date _____

Title _____ Author _____ Date _____