

Library Book Access Form

By completing this Individualized School Library Access Plan, I understand that I am opting to change the level of access to the school library for my child.

School

Page: _____ of _____
Date to begin: _____
Date to end: _____

Student Name: _____

Student Grade: _____

Parent(s) Names: _____

Parent preferred contact (phone/ email/ or address): _____

As the parent of _____, I wish to take full responsibility for the for the materials my child checks out of the school media center during the _____ school year. I understand that it is my parental responsibility to explain these restrictions to my child.

Please select one of the following library access options:

_____ I will send a list of titles/ topics/ authors that my child cannot access

_____ I will list the titles/ authors for every book my child is allowed to access. (Please attach a list.)

_____ My child will not check out library resources without my permission. Parents may send a note with their child, indicating the titles that can be checked out.

I understand that a note will be placed on my child's library account regarding this Individualized School Library Access Pan.

Parent Signature

Date