

Instructional Resources

Library Media Access Form

By completing this individualized School Library Media Access Plan, I understand that I am selecting the level of access to school library media center materials for my student. If I do not fully complete this form, I understand my student will continue to have full access to library media materials unless such materials are limited by grade level or require express written parental consent for student access.

Student Name: _____

Student's Grade: _____

Student's School: _____

Parent/Guardian Name: _____

Parent/Guardian preferred contact information: (phone) _____ (email) _____

As the parent/guardian of _____, I accept full responsibility for the materials my child checks out of the school library media center during the 2023-2024 school year. I understand that it is my parental responsibility to explain these restrictions to my student.

Please select one of the following library media access options:

_____ I do not want to restrict my student's library media access. My child may access any materials available for general or grade-specific student checkout.

_____ I do not allow my student access to the attached list of media titles. (Please attach a list)

_____ I only allow my student access to the attached list of media titles. (Please attach a list)

_____ My child will not check out any library media materials without my written permission.

I understand that a note will be placed in my child's Insignia account regarding this individualized Library Media Access Plan.

Parent/Guardian Signature

Date