Minidoka County Joint School District #331

INSTRUCTION 2500F

Permission Slip to Check Out Restricted-Access Library Materials for Minor Students

This letter is to inform you and your child about the Minidoka County Joint School District School Library Policy for checking out materials currently placed in the restricted-access section. The District requires parent or guardian permission for a minor student to check out materials in this section. You must accompany your minor student and provide a signed copy of this permission slip to a school library employee before they are allowed to access material in this section.

You and your student are solely responsible for any book they check out. Encourage your student not to lend the book to others. The loan period is weeks.
While the book is in your home, we encourage you to review the material and to have an ongoing dialogue about it with your child.
Please check one of the following:
I grant permission for my child to access any materials in the restricted section.
I grant permission for my child to access the following material(s) in the restricted section. (Please provide the title and author):

If you would like further information about these items or the reasons they are currently in the restricted section, please contact [Contact Information].

You have read the attached copy of Policy 2500, and grant permission for your minor child to access the materials described above. You, the undersigned, and your minor student are solely responsible for any book or material checked out. Your student shall not lend the material or book to any other person or allow any other person access to the material that is the subject matter of this permission slip. If your child lends or otherwise provides access of this material to any third party, including any other student or minor, your child's library privileges may be negatively impacted, including disallowing your minor child to check any book out of the library..

Parent/Guardian's Name (Print)):
Phone:	_
Parent/Guardian's Signature: _	
Date:	
For Librarian Use Only:	
parent/guardian physically pi	(Choose One: Librarian or Designee) attest that the resented this permission slip with their signature, and their inor child's parent or legal guardian.
	w the library policies. I accept the responsibility for returning any and I will not share access to any restricted material with any
Student Name (Print):	
Student's Signature:	
Homeroom Teacher Name:	
Attestation for Students Over	the Age of 18
the undersigned, am solely resp material or book to any other po- subject matter of this attestation material to any third party, inclu-	Policy 2500 and agree to access the materials described above. I, onsible for any book or material checked out. I shall not lend the erson or allow any other person access to the material that is the i. I acknowledge that if I lend or otherwise provide access of this ading any other student or minor, my library privileges may be losing privileges to check any book out of the library.
Student's Name (Print):	
Phone:	_
Student's Signature:	
Student's Date of Birth:	

For Librarian Use	e Only:
I,	, (Choose One: Librarian or Designee) attest that the adult
student presented	this attestation, and that they were verified as being over the age of 18.