



**BRADFORD COUNTY SCHOOL DISTRICT  
Library Materials Access Form**

*This form is only required when a parent wishes to restrict their child's access to materials in the media center.*

**Student Name** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**School** \_\_\_\_\_ **Parent/Guardian Name** \_\_\_\_\_

**Parent Phone** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I accept full responsibility for the materials that my child checks out of the media center. I understand that it is my parental responsibility to explain these restrictions to my child.

**Please select one of the library access options below:**

\_\_\_\_\_ I do not allow access to the attached list of media titles ( Please attach list)

\_\_\_\_\_ I allow my child access to only the attached list of media titles (Please attach list)

\_\_\_\_\_ My child may not check out any library resources without my permission.

I understand that a notation will be made in my child's media center account regarding this individualized Library Media Access Plan.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date