DENTON
INDEPENDENT SCHOOL DISTRICT

School Library Restricted Access Permission Form

Student Name | Grade/Student ID

Parent Name

Parent Phone Number | Parent Email

I hereby give permission for my child to access and/or check out materials from the *Restricted Access* section of the school library in conjunction with the option selected below.

- ☐ My child may check out any item in the *Restricted Access* section.
- ☐ My child may check out the title(s) I have listed below from the *Restricted Access* section.

Title | Author

Title | Author

Title | Author

Title | Author

Signature | Date