



# Mount Vernon City Schools

## Parent/Guardian Library Permission Form

### Student Information

Student Full Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

### Parent/Guardian Information

Parent Guardian Full Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Library Permissions - Parental/Guardian Approval Needed

I, the undersigned parent/guardian of the above-named student, grant the following permissions related to library services:

- I want to receive a notification when my child selects a library title. The notification will include the Title and Author. The selected title will be placed on reserve until parental approval is received (e.g., via email, note, or phone call). Books will remain on reserve for 1-week before being placed back in the collection.

### Parent/Guardian Consent

I have read and understand the permission outlined above, and I agree to comply with them. I acknowledge that I will receive notifications regarding my child's library selections and understand the reservation process for selected titles.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office/Library Use Only

Permission Granted: \_\_\_\_\_

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

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