



Mount Vernon City Schools

Parent/Guardian Inter-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 Permission Granted

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

- I grant permission for my child to select books from another library that may contain more mature titles and themes. I understand that my child's selections may not align with age-appropriate guidelines established by Mount Vernon City Schools.

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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