

Individual Student Restriction**Parent/Legal Guardian Individual Student Restriction**

Please deliver this Form to the school library staff where the student attends.

1. Name of Student _____
2. Student Identification Number _____
3. Name of Parent/Legal Guardian _____
4. School _____
5. Title _____
6. Author _____

I _____ the parent/legal guardian of _____, a student at _____ school restrict my student's access to the following titles:

1. _____
2. _____
3. _____
4. _____

Printed Name: _____
Signature: _____
E-mail/phone: _____