

This form is only required when a parent is seeking to restrict access to materials in the Library Media Center for their child.

Library Book Access Form

By completing this Individualized School Library Access Plan, I understand that I am opting to change the level of access to the school library for my child.

Name of School _____ Date to begin: _____
Date to end: _____

Student Name: _____

Student Grade: _____

Parent(s) Name(s): _____

Parent preferred contact (phone/email/ or address): _____

I understand that it is my parental responsibility to explain these restrictions to my own child.

Please select one of the following library access options:

_____ The list of the titles and authors my child **cannot access** is attached.
(Please attach a list.)

_____ My child will not check out library resources without my permission.

Students in our school system also can check out an E-Book from the Buffalo Public Library using an Application called SORA. Please indicate if you want to restrict your child's access to the SORA application:

YES _____ NO _____

I understand that a note will be placed on my child's Infinite Campus or Library Management Database account regarding the library access plan.

Parent Signature

Date