

INSTRUCTIONAL MEDIA CENTERS/SCHOOL LIBRARIES
(Consent for Disclosure of Library Records)

Date: _____

I, _____, consent to the release of the following library records to _____

_____.

- My complete library records may be disclosed.
- Only the following portions of my library record may be disclosed (please specify).

Signature of Student

Signature of Parent/Guardian

* * * * *

Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: January 16, 2008

Revised:

Boonville R-I School District, Boonville, Missouri