

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

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

Implemented: 03/10/2003

Clinton School District #124, Clinton, Missouri

