 Form IFAA-1

**PARENT/GUARDIAN PERMISSION FORM**

**FOR SUPPLEMENTAL LEARNING RESOURCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian Name: | | |  | | |
| Student Name: | |  | | Teacher Name: |  |
| Class/Subject: |  | | | | |

**Dear Parent/Guardian,**

Our class will be viewing/using the following supplementary/ library media materials:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | Type of Media: | | |  | |
| Rating and Basis for Rating if Applicable (e.g., PG-13 for Language): | | | |  | | | |
| The class plans to use this material for the following educational purpose: | | | | |  | | |
|  | | | | | | | |
| Date of planned use: | |  |  | | | |  |

**Because of the sensitive nature of the materials, and pursuant to Administrative Rule IFAA-R (Instructional Resources Selection and Acquisition), I am requesting that you provide your permission for your student to participate in using or viewing this material. Please return this permission form no later than      .**

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

I, (parent/guardian name-PLEASE PRINT), give my permission for my student, (student name-PLEASE PRINT), to access or view the materials listed and described above.

Parent/Guardian Signature Date