



LORETTO ACADEMY LIBRARY READING AGREEMENT FORM

As the parent / guardian of		, I authorize my
		ng items which may not intended for
ner age level. I am fully av	ware such material may	contain:
 Inappr 	ropriate language	
• Conte	nt that may allude to se	xual activity
• Discus	ssion of a taboo topic fo	or which my child may not be ready
checked out under her	name begins to circula	nd I are aware that if material ate to other members of her age stated until she starts high school.
•		sed this matter with me and I still ls not suitable for her age.
Parent / Guardian (Signa	.ture)	
Student (PRINT)		
Student (Signature)		
Student Email Address_		
Date	Student ID#	Grade

^{**} Please email form to jvillasana@loretto.org or return to Room 209 High School Library**