

**Revocation of Faulkner County Library book delivery to Simon Middle School**

Parent or Guardian:

Your signature on this form confirms that you are revoking previously granted permission to deliver public library books to Simon Middle School Media Center by courier.

Student Name (please print) \_\_\_\_\_

Grade:        5<sup>th</sup>                    6<sup>th</sup>                    7<sup>th</sup>

Signature of Parent/Guardian \_\_\_\_\_

Please Print Name \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to Sloan Powell, Library Media Specialist, Simon Middle School