

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: 5th 6th 7th

Signature of Parent/Guardian _____

Please Print Name _____

Date _____

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