

BSHS Library Mature Content Opt Out Form

In addition to having conversations with your student regarding your preference for the category(ies) of material(s) they **may not access**, please complete and return this form to **Mrs. Maryalice Bond in the BSHS Library**. This selection needs to be made for each student annually but may be changed at any time.

My student **may not access** the following:

_____ **No**, I do not wish for my student to have access to **Mature Young Adult or Adult Literature**.

_____ **No**, I do not wish for my student to have access to **MackinVIA digital content**.

Parents/Guardians also have the ability to contact the school librarian in writing with individual requests which may include restricting specific titles, series, or authors for their student.

Student's Name: _____

Building: _____ Grade Level: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

***** FOR LIBRARY OFFICE USE *****

Date form Returned: _____ Received by: _____