



# Book by Book Parent's Permission Slip

## Section 1

Parent's Full Name \_\_\_\_\_

Parent's Street Address \_\_\_\_\_

Parent's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_

**Your signature gives The KidLit Foundation permission to send a book to the child whose name is listed below.**

I am \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
*Print Child's Name*

## Section 2

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Sex: Male or Female (please circle one)

## Section 3

### Social Service Agency Sign-off Section

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Title \_\_\_\_\_

*Please Print: Social Worker, Teacher, School Counselor, etc.*

Signature \_\_\_\_\_

Please provide proof of your residential mailing address and attach it to this permission slip. The address on the bill must match the address where the book(s) are being mailed. You may provide us with a copy of the utility bill. Black out all account numbers. Do not send credit card statements or any other information that might compromise your identity. Please mail your request to The KidLit Foundation, P.O. Box 282, Princeton, IL 61356.

**All information on your Parent Permission slip is kept confidential!**