Date	

Dear Parent	::												
The				department would like to inform you of the									
following educational materials being used in							(course). The bo						
audiovisual	materials)	your	son	or	daughter	will	be	reading	(or	viewing)	this	semester 	are:
Alternative n					•			•		•			
-							-						
further inforr	nation is rec	luirea,	piease	e SIQ	gn this form	ı and	retur	n it to the	addi	ress listed	below	. Your sign	ature
on this letter	constitutes	permi	ssion t	o u	se the mat	erials	liste	ed with yo	ur st	udent. A r	espon	se is need	ed by
		(da	ate) to	ins	sure that ye	our s	on o	r daughte	er wi	ll meet th	e requ	uirements o	of the
course on tir	me.												
					Sincerely	,							
					Name: _								
					School: _								
					Address:							<u> </u>	
					City/State	/Zip:						· · · · · · · · · · · · · · · · · · ·	
					Phone No	o.:							
Parent's Sig	nature:									_			

Exhibit 1 to Policy 362.2 Approved: March 8, 2004