

Section 1

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

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

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

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

Your signature gives *Pathways Within's Road to Reading Initiative* permission to send a book to the child whose name is listed below.

I am \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Print Child Name

Section 2

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

Child's Age \_\_\_\_\_ Child's Sex: Male \_\_\_\_\_ or Female \_\_\_\_\_

If you wish to let us know the child's ethnicity, please print it here \_\_\_\_\_

Section 3

Social Service Agency Sign-off Section

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

Address \_\_\_\_\_

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

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

Title \_\_\_\_\_

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 other any other information that might compromise your identity. Please mail your request to Pathways Within, Inc. *Roads to Reading Initiative*, PO Box 960154, Boston, MA 02196.

All information on your Parent Permission slip is kept confidential!