

Lexington Public Schools

School Library Checkout Notification Opt-In Form

In accordance with Nebraska Revised Statute § 79-533.04

Student Information

Student Full Name: _____

Grade / Building: _____

Parent / Guardian / Educational Decisionmaker Information

Full Name: _____

Relationship to Student: ☐ Parent ☐ Legal Guardian ☐ Educational Decisionmaker

Email Address: _____

Phone Number: _____

Notification Preference & Consent

Nebraska state law gives parents, legal guardians, and designated educational decisionmakers the right to receive notifications whenever their student checks out a material from a school library catalog.

☐ **OPT IN:** I wish to receive automated electronic notifications via email when my student checks out a book from the school library catalog. I understand that each notification will include the **title**, **author**, and **due date** of the checked-out item.

Acknowledgment & Signature

By signing below, I certify that I am the parent, legal guardian, or authorized educational decisionmaker for the student named above.

Signature: _____

Date: _____

Please return the completed form to the school building your child attends.