



The Charles
Finney
School

PARENT/GUARDIAN AUTHORIZATION FOR LOAN OF TEXTBOOKS FORM

Student Name _____

Student's Address _____

Name of Public School District residing in: _____

Name of Nonpublic School attending: **The Charles Finney School**

LOAN OF TEXTBOOKS

I hereby request the Loan of Textbooks in the name of:

(Student's Name)

I authorize **The Charles Finney School** to act on behalf of this student in identifying and ordering books to be loaned to
(Non Public School)

the student identified above, and residing in the school district above. Textbooks must be maintained in good condition. Replacement of damaged or lost textbooks, are the responsibility of the student.

SIGNATURE OF PARENT OR GUARDIAN:

DATE: _____

I certify that the students above are students in our school and that the textbooks that they request are required by said students for a period of one semester or longer.

Signature of Nonpublic School Official _____ Date _____

Phone Number _____

District Verification _____ Date _____

Keep this form on file at the nonpublic school for the individual school districts for the duration of the student enrollment

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