

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 or School 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 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!