

*Monroe City Schools*  
2009 Auburn Avenue  
Monroe, LA 71201  
Phone: (318)-387-6511 Fax: (318) 387-1365

**Verification of Service Provider and Parent Permission for Student Access**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Service **Provider Name**: \_\_\_\_\_

**Agency name and phone #**: \_\_\_\_\_

Agency Fax#: \_\_\_\_\_

This is to certify that the person listed above has been verified as a service provider for this student and that the student's parent has given approval for the provider to have access to his/her child, on the school campus, during school hours.

**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR HIS/HER DESIGNEE:**

Based on a review of the student's school schedule, the following are acceptable times during which the student may be provided with services from the agency (students may not be called for during core academic subjects):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher name(s): \_\_\_\_\_

Planning period(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Director of Child Welfare**

\*\*\*This letter is to be maintained by the student's service provider. It should be presented to office staff in order to request access to the student. The school should maintain a copy on file and provide a copy for the parent.

*Revised: 2018-19*