

# PERMISSION SLIP

TO: Mr. Pustay

SUBJECT: Permission Slip for Psychology Movie, Book or Documentary

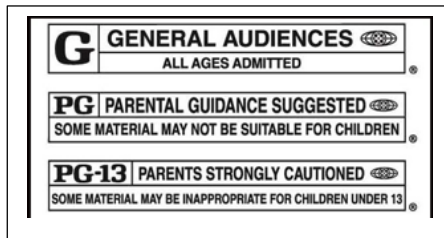
DATE:

I, \_\_\_\_\_ [print full name], give permission for my son/daughter, \_\_\_\_\_ [print full name], to read, or watch the following book, documentary or movie for an EXTRA CREDIT OPPORTUNITY to be applied to their lowest test score. The book, documentary or movie complies with instructions on Mr. Pustay's website.

The book title is \_\_\_\_\_. If a book, the author is \_\_\_\_\_.

If a movie OR documentary, the title is \_\_\_\_\_.

If a movie, please circle the RATING:



NO MOVIE will be RATED-R, or NC-17.

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PARENT SIGNATURE