

**HENDRICKS PUBLIC SCHOOL
ISD #402**

200 East Lincoln
Hendricks, MN 56136
Phone (507) 275-3115
Fax (507-275-3150

SCHOOL COUNSELOR/SOCIAL WORKER AUTHORIZATION

I give Hendricks Public School Counselor/Social Worker permission to meet with my child. This permission slip will cover the 2017-2018 school year.

_____ **Student/Child's Name**

_____ **Printed Name of Parent/Guardian**

_____ **Signature of Parent/Guardian**

_____ **Date**