

Date: _____

FLETCHER FREE LIBRARY CARD APPLICATION- YOUTH (<12)

Patron Information:

Last Name First Name Middle Name Date of Birth

Mailing Address Apt. # City State Zip Code

Phone Number Email Address

Alternate Address City State Zip Code

Notification Preference:

Email Text - Carrier _____

Parent/Guardian Information:

Last Name First Name Mailing Address City State Zip Code

Phone Number Email Address Relationship to Patron

In signing this application I approve the issuance of a library card to my child and acknowledge my responsibility for its use. I understand that I am responsible for the items on my child's account, for change of address notifications, and for all charges against my child's account for damaged or lost materials. I understand that my child's library record is confidential at age 12 (Vermont Statute 22 V.S.A. § 172).

Parent/Guardian Signature: _____ Date: _____

I authorize the individuals listed below to pick up any items on hold for my child at the Fletcher Free Library. Additionally, by checking this box: I authorize full disclosure of information about my child's account to the people listed below. I understand that I will need to notify a staff member to cancel this authorization, which I may do at any time.

Print the names of authorized persons below:

Parent/Guardian Signature: _____ Date: _____

FOR STAFF USE:	
<i>Privacy Note in Account:</i>	<i>BTV Affiliation:</i>
<input type="checkbox"/> Holds Pick-Up Permission	<input type="checkbox"/> School: _____
<input type="checkbox"/> Full Permissions	<i>Staff Initials:</i> _____