

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

\_\_\_\_\_  
Alternate Phone Number                                      Alternate Email

**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: \_\_\_\_\_**

<b>FOR STAFF USE:</b>  BTV School: _____ (if applicable) Staff Initials: _____
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