

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

*(OPTIONAL:) I authorize the individuals listed below to pick up any items on hold for my child at the Fletcher Free Library. Additionally, I authorize full disclosure of information about my child's account to the people listed below: YES or NO (circle one). 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>	
<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> _____