

### Library Card Patron Contract

First Name:			
Last Name:			
Street Address:			
Mailing Address: (if different)			
Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
e-mail:			
Preferred Method of Notification: <b>(circle only one)</b>	Phone	e-mail	Text: _____ (enter phone # if diff. from above)
Would you like to receive our e-mail newsletter?	<input type="checkbox"/> yes <input type="checkbox"/> no		

I understand I will be responsible for all materials checked out on this card and any fines incurred while using this card.

In order to comply with NH RSA 201-D:11 regarding the privacy and confidentiality of library patrons accounts we are not able to share any patron information. No person other than the cardholder can check out, pick up, or receive information about a library account. If you wish to allow another person to pick up your materials, please inform the library staff so they can document your permission.

Patron signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patrons 12 or under need adult permission.

**PARENTS/GUARDIANS:**

By signing below you are authorizing the library to give your child an independent card. You understand that by law library records are confidential. Your child's library record will not be disclosed to you and your child will be able to check out any materials from the library, participate in all library programs, and use all public equipment.

By signing below you agree to be held responsible for all fines and lost or damaged material fees incurred by your child.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_