PARENT/GUARDIAN REQUEST FOR ACCESS TO THEIR CHILD'S LIBRARY RECORDS

Name of Requestor:			of Request
Requesters Relat	cionship to child		
Circle one:	custodial guardian	joint custodial guardian	court appointed guardian
Address:	Street		City, State, Zip
Home Phone:		Cell Phone:	
Child's name		Child's Birthdate (MM/DD/YYYY)	
Address:	Street		C'a State 7
			City, State, Zip
		s the legal guardian of that child. Furtinild under Wisconsin Statute 767.24(4)	
Signature		Da	te
Records reques	ted:		
Items curre	ntly checked out to child		
Due dates o	of items checked out		
Overdue ite	ms		
Fines/Fees	due to the library		
******	**********	*** (Office use only) *********	**********
Staff person wh	o accepted request:		
Request submitte	ed to	Date	
Request granted by:		Date	
Request referred to:		Date	
Request denied by:		Date	
(Attach copy of i	dentification presented and cop	y of the records provided at time of req	quest.)