Staff Initials:	9	Name (print)	
Text: Y or N		Nickname:	County:
Carrier: E-mail: Y or N History: Y or N Event:		D.O.B:	
Agrees to obey	the rules	and regulations of	of the library, to pay all fines charged
against me and	l to give n	otice of any chan	ge of address.
Address:			
			(cell)
Email:			
, ,			

Staff Initials: Text: Y or N Carrier: E-mail: Y or N History: Y or N Event:	WAGOIN	Name (print)
against me and	to give no	and regulations of the library, to pay all fines charged otice of any change of address.
Phone: (h)		(cell)
School District:		
_		re:
(II WIIIIOI) Faici	it Signatu	ic

Acknowledgement of Policy for Public Access to the Internet.

I acknowledge to have read the library's Policy for Public Access to the Internet and do acknowledge that the Internet is to be used for accessing material in the realm of information normally provided by the library. I also acknowledge that it may contain defamatory, inaccurate, abusive, profane, sexually oriented, threatening, racially-offensive or illegal material and the library equipment should never be used to access said material.

I understand that accessing such material may violate the PA Criminal Code at 18 Pa. CSA, Paragraph 5903.

Any violation of the Internet Policy will result in the loss of computer and internet privileges.

Signature:		
(If minor)		
Parent:		
I permit my child to use the internet :	Yes	Nc
Date:		

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