

Coaldale Public Library

Internet Permission Slip (for youth aged 12 - 15)

Child's name: _____ Date of birth: _____

Address: _____

Date: _____

I hereby give _____ permission to use computers to access the Internet at the Coaldale Public Library from this date forward. I realize the computers are unsupervised and unfiltered. I understand that the Library does not accept responsibility for any content viewed. I accept that the Library reserves the right to revoke this privilege if my son/daughter is found to be in violation of the Library's internet and computer use guidelines.

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Name (print): _____

For Library use only:

Date received: _____

Initials: _____