

Attachment C

DISCLOSURE OF LIBRARY RECORDS CONSENT FORM

I give the West Bloomfield Township Public Library permission to release my library circulation records to the individual(s) listed below.

Please print the Name, Address and Telephone Number of the Authorized Individual(s) and library card number (if applicable):

I understand that my consent does not extend personal use of my library card to the named third party(ies) designee for any library privileges or services.

I understand that it is my responsibility to provide written notification to the Library should I wish to revoke this consent between the time period of card renewals.

Signature: _____

Please print name: _____

Date: _____

Card Number: _____

Witness: _____

(Library Employee Signature)