

Wellsville City Library

P.O. Box 517
115 W. 6th St.
Wellsville, KS 66092

Phone 785-883-2870

Fax 785-883-2880

Internet User Agreement Form

Please read the following carefully before signing. This is a legally binding document.

I agree to abide by the Wellsville City Library's guidelines and conditions for the use of the facility and access to the Internet. I further understand any violation of the libraries' guidelines is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked, and/or appropriate legal action may be taken.

In order to make sure that all patrons of the Library understand and agree to these rules of conduct, the Wellsville City Library requires me to sign the following statement before I am given the privilege to use the libraries' computers, network, and Internet connection.

I agree not to hold the Wellsville City Library or any of its employees nor any of the institutions or networks providing access to networks or the Internet responsible for the performance of the system or the content or costs or any material accessed through the network or the Internet.

I have received and read a copy of the guidelines on computer use and the conditions for the use of the network and Internet. I understand that this free access to the network and the Internet is designed for educational purposes. However, I also recognize that it is impossible to restrict access to all controversial materials, and I will not hold the Wellsville City Library responsible for materials acquired or sent via the network and/or the Internet.

Patron's name: _____

Patron's signature: _____

Date: _____

This form will be retained on file by authorized faculty designed for the duration of applicable computer/network/Internet use.

Wellsville City Library Card Application

Adult Patron Identity

Legal Last name: _____

Legal First name: _____

Initials: _____

Other name: _____

Date of birth: _____

Circle one: Male Female None Specified

OPAC Login (must be at least 4 digits)

Username: _____

Password: _____

Main address

Address: _____

Address: _____

City, State: _____

Zip: _____

Alternate address

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Contact

Phone (home): _____

Phone (work): _____

Phone (cell): _____

E-mail (home): _____

Internet & computer use

Would you like to use the Internet & computers at the Wellsville City Library?

Please circle Yes No

If yes please turn over and complete back.

Circle preferred hold contact method: email phone texting /carrier _____

Would you like to receive emails about upcoming events and news? Yes No

Who else is authorized to use this account? : _____

I will pay for fines &/or damages charged to my library card and obey all rules and regulations of the library and give prompt notice of any change of address.

Signature: _____

Date: _____

Staff Use Only:

Card Number _____ Created by: _____