

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 for Students/Parental Consent Form

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

I agree my child will 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 my child commit any violation, their 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 my child is 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.

As a parent or guardian of this student/child, 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: _____

Parent/Guardian 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

Child Patron Identity

Legal Last name: _____

Legal First name: _____

Other name: _____

Date of Birth: _____

Circle one: Male Female None specified

Guarantor Information (Legal Parent/Guardian)

Last name: _____

First Name: _____

Relationship: _____

Name of authorized users of this account:

Main address

Address: _____

Address: _____

City, State: _____

Zip: _____

Contact

Phone (home): _____

Phone (work): _____

Phone (cell): _____

E-mail (home): _____

E-mail (work): _____

Fax: _____

Parent/Guardian approvals

Please circle to allow check out of:

Internet & computer? Yes No

Reverse side must be approved by parent or guardian for Internet & computer use.

OPAC Login (must be at least 4 digits)

Username: _____

Password: _____

Alternate address

Address: _____

City, State, Zip: _____

Phone: _____

Contact note: _____

Please check

___ I authorize use of texting on my account
Name of carrier (cell phone company):

___ I authorize the use of email contact for library use only, including notifications of items waiting and due, and library newsletters.

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

Parent/Guardian Signature: _____ Date: _____

I understand that as a minor my parent/guardian is the actual owner of my library account until my 18th birthday, and will have access to all my information the library has about me.

Signature: _____ Date: _____

Staff Use Only: Card Number _____ Created by: _____