

Cunningham Public Library User Agreement and Guardian Permission Form

USER: I understand and will abide by the Cunningham Public Library **Guidelines for Computer Use**. Should I commit any violation, my access privileges may be revoked and/or appropriate legal action may be taken.

DATE: _____

USER: _____

SIGNATURE: _____

BIRTH DATE: _____

STREET ADDRESS: _____

CITY: _____

HOME TELEPHONE: _____

DRIVER'S LICENSE NUMBER: _____

PARENT OR GUARDIAN: As the parent or guardian of this child (**17 or younger**), I have read the **Guidelines for Computer Use**. I understand that this access is designed for educational purposes. I recognize that the library will not restrict access to controversial materials. I will not hold the library responsible for materials acquired on the network. Further, I accept full responsibility for supervision of my child when he/she is in the library. I hereby give permission for my child to use the library computer and certify that the information contained on this form is correct.

DATE: _____

PARENT/GUARDIAN: _____

SIGNATURE: _____