

**ACKNOWLEDGEMENT OF COMPUTER POLICIES  
EDNA BUSCHOW MEMORIAL LIBRARY**

I have thoroughly read and will abide by the following:

**Edna Buschow Memorial Library Public Computer Use Policy**

I understand that, if it is found I have visited inappropriate Internet sites, my library privileges may be revoked for a period up to six (6) months at the discretion of the Director.

If signing for a minor, I understand the Director will contact me if my child has visited inappropriate sites. Future use of the Internet by my child will be discussed at that time.

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Minor's Name (if applicable) \_\_\_\_\_

Minor's Birth date \_\_\_\_\_