

**Inman Public Library  
Internet Access Policy Agreement**

I have read the Internet Access Policy of the Inman Public Library and I agree to abide by its guidelines.

Signature \_\_\_\_\_

Please print name clearly here \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Library Card Number \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature if under 18 years of age \_\_\_\_\_

Children will be asked to read and sign "My Rules for Online Safety."

Form adopted by the Inman Library Board, November 1997