

WOODBRIIDGE PUBLIC LIBRARY

I give my child permission to obtain an adult library card. I understand this card permits access to the entire library collection. I acknowledge that the records of adult library card holders are confidential and may be accessed only if the records are necessary for the proper operation of the library; disclosure is requested by the user; or disclosure is required pursuant to a subpoena issued by a court or court order. (N.J.S.A. 18A:73-43.2)

Date: _____

Child's full name (PLEASE PRINT): _____

Parent / guardian name (PLEASE PRINT): _____

Parent / guardian signature: _____