

Permission to Use Library Card

Name: _____

Card Number: _____

By signing, I give permission to the Snake River School Community Library to allow the designated person listed below to check out materials for me and to view my circulation record.

I understand this permission will expire _____
Expiration Date (6 months from form date)

Designated Person:

Name: _____ **Relationship:** _____

Phone Number: _____

I acknowledge that I am responsible for the return of materials to the Library and or payment of any fines and/or fees that accrue to my account.

Cardholder Signature

Date

***I understand my designee must show their personal ID when checking out materials for me.**