

La Crosse Public Library

Parent/Guardian Request for Access to Child's Library Record

Requestor Name _____ Address _____

Phone _____ Date of Request _____

Childs name _____ Address _____

Child's DOB _____

I certify that I am the custodial parent or guardian and have not been denied periods of physical placement with the child.

Pursuant to 43.30 Wisconsin Statutes, I, the above certified parent or guardian, hereby request to review the following library records pertaining to _____'s use (Child's Name) of the library's documents or other materials, resources, or services:

Information requested (What specific record(s) about your child's library use are you asking for?):

Signature: _____ Date _____

The Library will not release personal information about this child.

The Library maintains only current records on customer use of the Library.

For Staff Use Only:

Request submitted to: _____ Date: _____

(staff person accepting request)

Request granted by: _____ Date: _____

Request referred to: _____ Date: _____

Request denied by: _____ Date: _____