

Parental Permission Form

Name of Applicant

Date

I, _____,
Parent or Guardian of

am aware that he/she is applying for borrowing privileges at the Health Sciences Library, UNC-CH. I agree to ensure that he/she will return **all items** promptly when recalled by library. I agree to assume all responsibility for payment of fines for overdue, lost, or damaged materials, in accordance with the established fine schedules. I further understand that unpaid bills may be forwarded to the Attorney General of North Carolina or other state agency for appropriate legal action.

Fines are \$0.50 per day, per book. See our full policy on our website or ask at the service desk. A \$5.00 fee is charged for replacing lost library cards. Fees are subject to change without notice. All campus libraries have individual policies. You are advised to check policies before borrowing.

I understand that I am required to provide my social security number (SSN) so that the library can comply with the N.C. Set-Off Dept Collection Act. I understand that to permit compliance with that law, the SSN may be used as a personal identifier and furnished to other UNC-CH departments and the N.C. Department of Revenue.

Unless I have stricken through this sentence, or a part of it, and put my initials beside this sentence, I voluntarily permit this institution to use my SSN as a personal identifier for other internal record-keeping and to furnish my SSN to other agencies of the State of N.C. as necessary to enforce the State Employees Department of Collection Act.

I agree that all information provided on this card may be used for identification and collection purposes. I have read, understand, and agree to the foregoing.

Signature of parent or guardian

Parent/Guardian Home Phone

Work Phone

Parent/Guardian N.C. Driver's License

Parent/Guardian Social Security Number