

Minor Application and Verification Form

I, _____, verify that I am the parent or guardian of,
_____.

I also verify that as their parent or guardian:

- I am responsible for _____'s actions in the course of using the Regent University Library.
- I understand that all materials checked out to _____ are my responsibility.
- I will ensure that materials are returned, both on time and in good condition.
- If materials are not returned on time or in a condition similar to check-out, I will take financial responsibility for these items.
- I am responsible for ensuring that _____ adheres to all policies, procedures and rules of the Regent University Library and that if these policies are not adhered to, this may result in the removal of my child's privileges for the Regent University Library, per the discretion of the Head of Access Services.

Minor's Full Name: _____

Parent/Guardian's Full Name (Printed): _____

Parent/Guardian's Signature: _____

Parent/Guardian's Street Address: _____

Parent/Guardian's City/State/Zip Code: _____

Parent/Guardian's Phone Number: _____

IN OFFICE USE ONLY:

Registered by: _____ Date: _____

Approved by: _____ Date: _____