

SAMPLE 2
ANYTOWN PUBLIC LIBRARY
CUSTODIAL PARENT/GUARDIAN CERTIFICATION
FOR ACCESS TO CHILDREN'S RECORDS

I, _____
(Requestor's Name)

(Requestor's Street Address)

(City/State/ZIP)
_____,
(Phone)

hereby certify that I am the custodial parent or guardian of:

(Child's Name)

(Child's Street Address)

(City/State/ZIP)
_____,
(Date of Birth)

and, furthermore, I certify that I have not been denied periods of physical placement with the child under s. 767.24(4).

Signed and certified by: _____ (Custodial Parent or Guardian) _____ (Date)

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:

Requested Records: ___ Current Items Checked Out
 ___ Current Overdue Materials
 ___ Outstanding Fines and Fees
 ___ Current Holds
 ___ Other (Specify): _____

*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: _____ (staff person accepting request)	Date: _____
Request granted by: _____	Date: _____
Request referred to: _____	Date: _____
Request denied by: _____	Date: _____