

NORTHLAND PUBLIC LIBRARY  
WAIVER OF RIGHT OF CONFIDENTIALITY OF LIBRARY RECORDS

I, \_\_\_\_\_, hereby grant a limited waiver of my right to have my circulation records at the Northland Public Library remain confidential in accordance with 24 Pennsylvania Consolidated Statutes, sec.4428, and Northland Public Library's Confidentiality of Library Records Policy.

This limited waiver is granted to allow \_\_\_\_\_ to represent my interests regarding library materials I have borrowed, put on reserve, or have not returned to in a timely manner(overdue).

I may revoke this limited waiver at any time by written notice to the Northland Public Library.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Date\_\_\_\_\_

I accept the limited waiver granted to me by \_\_\_\_\_ as set forth above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Date\_\_\_\_\_

Waiver message added to account \_\_\_\_\_  
Staff Member Date

Written revocation \_\_\_\_\_  
Staff Member Date