

**Maxfield Public Library**  
**Request for Library Records of a Minor**

*Note: Please complete a separate form for each child for whom you are requesting records.*

I swear and affirm that I, the undersigned, am a parent or legal guardian of the child listed below:  
\_\_\_\_\_ (name of child) and that I am entitled to receive all library records related to this minor's current borrowing of printed or audio-visual library material pursuant to RSA 201-D:11 II-a.

By completing this Request for Library Records of a Minor form I, the undersigned, am requesting a list of library materials \_\_\_\_\_ (name of child) currently has checked out on their library card with the Maxfield Public Library.

I authorize and request that the Maxfield Public Library produce printed or audio-visual library records currently checked out by \_\_\_\_\_ (name of child) in accordance with RSA 201-D:11 II-a.

I hereby release and waive any and all claims I have or may have in the future against the Maxfield Public Library, its Board of Trustees, employees, and agents from any claims, damages, or liabilities arising from its production of the information requested above and agree to defend and indemnify Maxfield Public Library and its Board of Trustees, employees, and agents from all suits and claims arising from and in any way related to the production of these records to me.

PLEASE BE AWARE: Only the Library Director or Assistant Director may review and fulfill requests for the borrowing records of a minor. Upon receipt of a Request for Library Records of a Minor form and verification of parent/guardianship, library staff will immediately generate a report of materials currently checked out. Records will be released to the requestor within five (5) business days, upon approval of the Director or Assistant Director. The requesting parent or guardian listed above may either pick up the list in person at the library or may request to have this list mailed/emailed to them at the addresses provided below. To protect the privacy and confidentiality of all library users, the library will not provide such a list over the phone or to a third party.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Library Staff Use Only:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Verification of identification for person making the request:

☐ Government issued I.D.

Verification of role of parent/guardian:

☐ Same address as the child

☐ Approved borrower on card

☐ Court Order

☐ Birth Certificate with parent named

☐ Signed for minor's library card