



# FORT BERTHOLD LIBRARY

@ the Fort Berthold Community College

P.O. Box 788 - 220 8th Avenue North

New Town, ND 58763, Phone: (701) 627-4738 Fax: (701) 627-4677

Web Site: <http://LIB.FBCC.BIA.EDU>

## BORROWING PRIVILEGES

**I am applying for Borrowing privileges from the Fort Berthold Library at the Fort Berthold Community College and agree to comply with the rules and regulations of the Library.**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (M.I.) (OTHER/MAIDEN)

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DOB: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ FBCC STUDENT

SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

### SEE BELOW FOR INTERNET PARENTAL CONSENT FORM

LIBRARY USE ONLY: I.D. VERIFY YES NO DATE ENTERED: STAFF INITIALS

## PARENTAL CONSENT FORM

I am the parent or legal guardian of the child named on the top of this form. I am giving permission for this child to access the Internet at the Fort Berthold Library. I understand and agree, for myself and for the minor that: in addition to valuable information and educational resources, the Internet contains some material that may be inaccurate, incomplete, outdated, or offensive to some individuals, and some that may be considered inappropriate for children. The library is not able to monitor or control information accessible through the Internet and cannot be held responsible for its content. Library staff will not monitor or police what type of material my child is viewing, printing, or saving on a disk. I am responsible for deciding what my child may or may not access.

I hereby release the Fort Berthold Library, its personnel, and any affiliated institutions from any and all claims and damages of any nature arising from my child's use of the Internet.

I will instruct my child regarding any restrictions against accessing restricted material set forth in the Library Internet Use Policy and Rules. I will emphasize to my child the importance of following the rules for personal safety.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Do contact the Library for your own personalized informational or education session on the Internet. Call to schedule it at your convenience or specify a date now: \_\_\_\_\_. If you specified a date include your phone number \_\_\_\_\_.