

**Ripon Public Library
Custodial Parent or Guardian Certification
For Access to Children's Records**

I, _____, hereby certify that I am the custodial parent of or guardian
for _____
(Child's name, address and date of birth)

_____ and pursuant to 43.30 Wisconsin Statutes, request to review library records pertaining to
_____ 's use of the library's documents, resources or services.

- Requested Records:
- Items checked out
 - Overdue materials
 - Outstanding fines and fees
 - Materials on hold

The library will not release personal information about its users.

Signed and certified by: _____ (Custodial parent or guardian) _____ (Date)