

## APPENDIX A of Internet Use and Safety Policy

**FORM: Permission for Minor to Use Adult Computer Labs.** Parents/legal guardians must complete the following form as part of the permission process allowing minors to use adult computer labs systemwide.

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### Permission Form for Minor to Use Adult Computer Labs

To comply with federal regulations, Rowan Public Library requires parent/legal guardian permission for minors (individuals aged seventeen (17) or younger) to use adult computer labs. These labs provide Internet access through computers, laptops, and various smart devices.

As the parent or legal guardian of the minor listed below, I have read the *Internet Use and Safety Policy*. I understand some materials on the Internet may be objectionable. I understand use of adult computer labs might expose my minor to inappropriate materials. I accept responsibility for the guidance of my minor's Internet use by agreeing to the following:

*Initial beside the permission you are authorizing below:*

\_\_\_\_\_ I allow my minor aged eleven (11) or under to use adult computer labs when accompanied and supervised by myself, or an individual named below. I understand use will not be allowed if myself or an individual named below is not accompanying them. Individuals named below are aged sixteen (16) or older.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I allow my minor age twelve (12) to seventeen (17) to use adult computer labs independently without adult supervision. I understand it is my responsibility to set and convey standards for my minor to follow when accessing the Internet independently.

I understand my minor's library account will be updated to indicate the above permission. This permission is active until they turn eighteen (18). This form will be kept on file at the library until the minor turns eighteen (18). I understand I can contact the library at any time to update or revoke this permission.

**RPL staff will complete the information below as provided by the parent/legal guardian:**

Minor's Full Name \_\_\_\_\_  
Minor's Date of Birth \_\_\_\_\_ Current Age of minor \_\_\_\_\_  
Minor's Library Card # (required) \_\_\_\_\_  
Parent/Legal Guardian's Full Name \_\_\_\_\_  
Parent/Legal Guardian's Library Card # (required) \_\_\_\_\_  
Phone # \_\_\_\_\_

*Parent/legal guardian will sign below:*

I hereby grant permission for the minor identified above to use the Rowan Public Library adult computer labs.

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