

**Attachment C**

**DISCLOSURE OF LIBRARY RECORDS CONSENT FORM**

I give the West Bloomfield Township Public Library permission to release my library circulation records to the individual(s) listed below.

**Please print the Name, Address and Telephone Number of the Authorized Individual(s) and library card number (if applicable):**

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I understand that my consent does not extend personal use of my library card to the named third party(ies) designee for any library privileges or services.

I understand that it is my responsibility to provide written notification to the Library should I wish to revoke this consent between the time period of card renewals.

**Signature:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Witness:** \_\_\_\_\_  
(Library Employee Signature)