

UNL – High School Users Program -- STUDENT FORM

I am responsible for reading the policies stated below. By signing this form, I agree that I understand and will comply with these policies and procedures. *I understand that non-compliance will result in the suspension of my UNL library privileges and restrict my school's use of the program in the future.*

- I am enrolled in a public or private school that participates in this program.
- I am at least 16 years of age.
- My UNL high school borrowing privileges will be honored from September 1 to May 1 of the current school year.
- I am limited to 10 items on my library record at any one time.
- I may renew any item one time.
- I will return all materials to the Love Library Circulation Desk and **ask for a receipt**. If others return materials for me, they must get a receipt as well.
- I am responsible for any UNL materials that I have accidentally returned to another library.
- I am responsible for payment of my fines, book replacement costs, or repair fees for damaged books.
- I understand that I cannot check out UNL library materials without current picture identification.
- I understand that I am responsible for my personal belongings and my personal safety.
- I will comply with all UNL Libraries policies and procedures.

-----Please Detach From Above-----

Please print

Name (last, first, middle initial) _____

Home address: Street _____

City _____ State _____ Zip Code _____ - _____

Email _____

Date of birth ____ / ____ /19 ____ IMPORTANT: are you a HIGH SCHOOL SENIOR? Yes ____ No ____

School Address:* School _____

Street _____

City _____ State _____ Zip Code _____ - _____

*LPS Focus Program participants: Please provide information for home school.

STUDENT

I have read the above policies and understand my responsibilities.

Student's Signature _____ Date _____

CONTACT PERSON

I acknowledge that this student is enrolled in my school and has permission to participate in this program.

Contact Person's Signature: _____ Date _____

Media Specialist's Signature: _____ Date _____

Parent's Signature: (Optional) _____ Date _____

