

Permission for Pickup of Materials on Hold



The Milwaukee County Federated Library System (MCFLS) and its member libraries wish to safeguard its patrons' privacy and strive to guard against unauthorized use of library cards. As such, MCFLS member libraries issue library cards for a patron's personal use only.

Holds Permission (complete section A only)

Long-Term Use (Physical Disability) (complete sections A & B)

Normally, patrons who place library items on hold must pick up the held materials themselves. However, specific permission can be granted to make arrangements for another person to pick up materials using this permission slip. The permission slip must be filled out and presented by the cardholder in person at any Milwaukee County Federated Library System member library.

.....SECTION A.....

Permission is given to: _____
(Designee) List all Names

Relationship to Cardholder: _____

I give my permission to the person(s) named above to check out material(s) that are on hold for me. I understand my designee(s) may be required to show photo identification upon checking out materials on my behalf. I agree to be responsible for all materials checked out on my library card. I understand that this information will be added to my patron record. I also understand that if I wish to make any changes or withdraw permission, I must notify the library immediately.

The library reserves the right to require that the person designated to pick up materials has his/her own valid library card. This permission slip is NOT to be used by another individual for his or her personal use. Library cards are not transferable.

Patron Signature: _____

Print Name: _____

Library Card Number: _____

Address: _____

City, Zip Code: _____

Telephone and/or email address: _____

Permission Expires: (Optional) _____ Today's Date: _____

.....SECTION B.....

Certification by Health Care Provider

Print Name: _____

Relationship to Cardholder: _____

Address: _____

City, Zip Code: _____

Telephone and/or email address: _____

Do you verify that the above named card owner currently has a disability that prevents the card owner from personally checking out library materials? _____ Yes Initials _____

How long is this condition likely to last? _____

Health Care Provider Signature: _____

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FL-40 (revised @96 1/1/12) Initials of staff person verifying information _____ Date _____