UNIVERSITY OF KANSAS LIBRARIES
KU Library Borrower Permit Application and Parental Authorization Form for School Group Students

Application Fee: $4.00/Permit (includes applicable sales tax) **Fee must be paid before permit is issued.**

NON-RENEWABLE PERMIT: To authorize a student participating in a school group visit to the University of Kansas Libraries for borrowing privileges, please complete this form. All information must be complete and the form notarized before the application will be considered. As a parent or legal guardian, **the undersigned agrees to accept responsibility for prompt, safe return of all KU library materials borrowed by the student including payment of any related library charges incurred by failure to comply with library policies and procedures**. Permit will automatically expire at the end of the current semester and is non-renewable. Replacement permits require a completed application form and payment of $4.00.

PLEASE ISSUE A KU LIBRARY BORROWER PERMIT TO THE STUDENT LISTED BELOW ***Print legibly.***

_____
LAST NAME FIRST NAME MIDDLE INITIAL

E-MAIL ADDRESS (Please include the full e-mail address; for example, sunflower@flatlander.com.)

_____
STREET OR MAILING ADDRESS ROOM OR APT. NO.

_____
CITY STATE ZIP CODE

_____
HOME PHONE NUMBER STUDENT'S DATE OF BIRTH (MM/DD/YYYY)

KANSAS DRIVER'S LICENSE OR STATE OF KANSAS ID CARD NUMBER: _____

As the applicant, I have read and will comply with the Policies and Procedures of the K. U. Libraries (**http://www.lib.ku.edu/accservices/**).

X _____ _____
Student's Signature Date

PARENT OR LEGAL GUARDIAN OF MINOR PERSON LISTED ABOVE

KANSAS DRIVER'S LICENSE OR STATE OF KANSAS ID CARD NUMBER: _____

_____
LAST NAME FIRST NAME MIDDLE INITIAL

_____
STREET OR MAILING ADDRESS ROOM OR APT. NO.

_____
CITY STATE ZIP CODE

_____
HOME PHONE NUMBER WORK PHONE NUMBER AND EXTENSION

As the parent or guardian, I have read and will comply with the Policies and Procedures of the K. U. Libraries (**http://www.lib.ku.edu/accservices/**).

X _____
Parent or Guardian Signature

State of Kansas, County of _____

Signed before me on _____

_____
Notary Public My Appointment Expires: _____