

**Tripp County Library Grossenburg Memorial
Internet Access Contract for Minor (under age 18)**

Please check off the following:

_____ I have read and understand the Tripp County Library Internet Use Policy.

_____ I understand that I am responsible for the information accessed by my child.

_____ I understand that if my child is deemed by the library staff to be misusing the Internet or failing to comply with the library's computer procedures, his/her computer privileges and/or library privileges will be revoked.

_____ has my permission to access the Internet at Tripp County Library.
(Child's Full Name)

Name of Parent/Legal Guardian: _____

Address: _____

Phone: _____

Child's Date of Birth: _____

Parent/Legal Guardian Signature: _____

Child's signature: _____

Date: _____

Approved by the Tripp County Board of Trustees on 9/21/21.