

Oil Region Library Association

WAIVER OF RIGHT OF CONFIDENTIALITY OF LIBRARY RECORDS

I, _____, hereby grant a limited waiver of my right to have my records at ORLA remain confidential in accordance with 24 Pennsylvania Consolidated Statutes, Sec. 4428, and ORLA's Confidentiality of Patron Records Policy.

This limited waiver is granted to allow _____ to represent my interests regarding library materials I have signed out, put on reserve, or have not returned to the library in a timely manner (overdue).

I may revoke this limited waiver at any time by written notes to the Oil Region Library Association.

Cardholder's Signature

Dated:

Cardholder's Name

Address

Witness:

Telephone Number

Library Staff Person

I accept the limited waiver granted to me by _____ as set forth above.

Cardholder's Signature

Dated:

Cardholder's Name

Address

Witness:

Telephone Number

Library Staff Person