Roskilde BIBLIOTEKERNE



Parent's permission: For library users under the age of 18

The child's CPR number:			Husk sundhedskortet, når du skal oprettes som låner	
The child's first name:			Xxxxxxxxxxx KOMMUNE 99 99 99 99	
The child's last name:			. 88 88 88 88 88 sig traValid from: 09.2007	
Street name and number:		STRANDVEJEN 100 9999 VEJSTRAND Centificatio classical	Tourist health	
Zip code City _				
Mobile number:	E-mail:			
(Mobile number and E-mail can be of t	ne child or a parent/guardian)			

As parent/guardian (financially liable) I hereby give consent for the above mentioned child to borrow books from the library according to the applicable terms. I also commit to paying any charges if a material is returned late and to replace lost or destroyed material.

I am familiar with the regulations of the Roskilde Libraries which is attached this form?

Name (capital letters) of parent/guardian: ______

The CPR number of the parent/guardian: ______

Signature of parent/guardian (financially liable):

Date: _____