



Disclosure of Library Records Consent Form and Creation of Hold Proxy User Groups

The Haverstraw King's Daughters Public Library is committed to maintaining and protecting the privacy and confidentiality of our patrons and their activity on the premises. We uphold Section 4509 of the *State of New York Civil Practice Laws and Rules*, which states:

§4509. Library Records

Library records, which contain names or other personally identifying details regarding the users of public, free association, school, college and university libraries and library systems of this state, including but not limited to records related to the circulation of library materials, computer database searches, interlibrary loan transactions, reference queries, requests for photocopies of library materials, title reserve requests, or the use of audio-visual materials, films or records, shall be confidential and shall not be disclosed except that such records may be disclosed to the extent necessary for the proper operation of the such library and shall be disclosed upon request or consent of the user or pursuant to subpoena, court order or where otherwise required by statute.

To that end, any library patron who wishes to allow family members or others access to their library record, including but not limited to: information about holds placed, items checked out, item due dates, or ability to pick up reserved items, must complete the information below, and will become part of a **HOLDS PROXY USER GROUP**.

Please note the following restrictions regarding **HOLDS PROXY USER GROUPS**:

- Cardholders under the age of 18 are not permitted
- Cardholders may only be part of one group
- Each member of a group must complete this form
- All cardholders in a group may be able to view information, retrieve information or transact on your behalf

I give the Haverstraw King's Daughters Public Library permission to release my library circulation information, including placing and receiving holds, titles held, due dates, etc., to the individuals listed below. Only authorized individuals will be allowed access to my library record information. Revocation of this consent must be made in writing.

Name _____ Barcode _____

Signature _____ Date _____

Please list the name, library barcode and telephone number of authorized individuals:

(continue on reverse side)
