

Foundation for the Future

SOLVAY PUBLIC LIBRARY

615 Woods Road • Solvay, NY 13209 • (315)468-2441
www.solvaylibrary.org



Associations Authentication Form

Date _____

Name (please print) _____

Library Card # _____ ID # _____

Signature _____

Permissions

I, _____, understand that by signing this form I give permission(s) to the following person(s) to check out and pick up items held on my library card and these permission(s) will stay in effect until any party notifies the library that the association is to be terminated.

1. Name _____

Library Card # _____ ID # _____

Signature _____

2. Name _____

Library Card # _____ ID # _____

Signature _____

Please return this form to the library stated above.