Absent User Permission Form

I, _____________________________, give my permission to ____________________________
Account Holder Name
to check out materials from the Henry County Public Library using my library account. I
understand that, as the account holder, I will be held responsible for any charges that are incurred
by lost, damaged, or overdue items that are checked out on my account. I also understand that
no individual under the age of 18 may use my account to check out age-restricted items, such as
DVDs.

__________________________________________  __________________________
Account Holder Name                          Date

__________________________________________
Phone Number

__________________________________________
Library Card Number

__________________________________________
Staff Initials