



# Albany Public Library Project Opt-In Form

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Student Legal Last Name

Legal First Name

Middle Name

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Date of Birth

Grade

School Year

The Albany Public Library and Greater Albany Public Schools are working together to provide access to more educational resources for your child. The purpose of this project is to improve public library card access to Greater Albany Public School students. With your permission for the district to share the information listed below, your child will be able to use their student body card to access online and print materials from the Albany Public Library. This will make resources such as books, animated learn-to-read books, eBooks and online collections, databases, and research tools available to more families.

By signing this form, you grant GAPS permission to share with the Albany Public Library:

- Student's first and last name
- Student district database number
- Residential address, city, zip code
- Parent/guardian contact name
- Contact phone number
- Email address (if available)

Yes, please share my student's information with the Albany Public Library. I understand that this information will allow my student access to resources using the student body card, and that this information will not be shared with any other party without my additional express written permission. I understand that this permission will remain in effect until my child is no longer enrolled in Greater Albany Public Schools. To discontinue this service, contact the school office manager to remove the permission by filling out a form to opt out.

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Parent/Guardian Name (Please Print)

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Parent/Guardian Signature

Date