

Guest Access Request Form (GARF)

Guest Information

Guest Name (Printed): _____

Home Address (if different than on ID): _____

Phone Number (Optional): _____

Email Address (Optional): _____

Guest User Agreement

I do freely elect to use the services and resources provided by Otterbein University's Courtright Memorial Library.

I agree to abide by all Otterbein University and Courtright Memorial Library policies. Copies of the library's Code of Conduct and Guest Access Policy (GAP) may be provided to me upon request.

I acknowledge that a copy of my photo ID will be kept on paper file for the remainder of this calendar year at which point it will be made a digital file and kept on file for a minimum of three years.

Guest Initials: _____

I understand that the library will not censor access to resources, material, or content, nor protect users from offensive or suggestive materials or information, and that the library is not responsible for the content availability and accuracy of information found on the internet or in the collection.

I accept that Otterbein faculty, staff, and students will be given priority usage for any University computer, and any guests using the technology may be asked to log off in favor of a priority user. In this case, library staff will make accommodations for users needing access to online US government publications at the Research Help Desk on the first floor of the library.

I am aware that the inappropriate use of resources can be a violation of local, state, and federal laws and can lead to prosecution. Otterbein University and the Courtright Memorial Library reserve the right to revoke all privileges and ask any individual to leave the premises.

I certify that I have read the entire Guest Access Request Form, I understand it, and agree to be legally bound by it.

Guest Signature: _____

Date: _____

This section is required if the guest user is under age 18.

I certify that I am age 18 or older and I am the parent or legal guardian of the guest user noted on this form. I have read the entire Guest Access Request Form, I understand it, and agree to be legally bound by it. I also agree that the Participant is and will be bound by this agreement.

Parent/Adult Caregiver Signature: _____

Date: _____

LIBRARY USE ONLY BELOW THIS LINE

Date Received: _____

Received by: _____

ID copied? Y – then log in N – no computer access

NOTE: Desk staff should leave completed form (including staff lines above) and ID copy for Becky.

Last Reviewed: November 2024

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Previous Revisions: December 2021, November 2019, March 2016, December 2015

Review Period: This form is reviewed annually by the Public Services staff in coordination with the Building Safety Captain.