



CONFIDENTIAL INFORMATION

Release Of Patron / Item History Authorization Form

This form should be completed for each request.

***** The signature of a Superintendent is required for public school districts*****

This form serves as authorization to release history for the following individual or item:

Patron Name: _____

Barcode Number: _____

OR

Item Title: _____

Item Barcode Number: _____

School: _____

District: _____

Person requesting information: _____

(Signature) Superintendent/Principal

Printed Name of Superintendent/Principal

Date

Release Information to:

Name: _____

Title: _____

Address: _____

Email: _____ FAX: _____

Please Mail or fax this form to:

NCC Library Services
5700 West Canal Road
Valley View, OH 44125
216-520-6969 FAX