

Connect FVRL parent opt-out form

Complete this form and return it to your child's school *only if you do NOT* want your child to have access to Connect FVRL digital resources. (*Your child will automatically be enrolled in the Connect FVRL unless you opt out using this form.*)

Child's Name (Please print)

School

Grade

Student ID Number

Parent or Guardian's Name (Print)

Phone Number

By signing this form, I understand my child will **not** have a FVRL library account. I also understand that by signing this form my child will not be able to participate in classroom use of public library resources unless they have a Fort Vancouver Regional Library card and know the full card number and PIN.

Parent/Guardian Signature

Date