MCLINC EMAIL NOTIFICATION AUTHORIZATION COMPLETE AND BRING TO A MCLINC LIBRARY

(NOTE: Abington Library will not accept forms from patrons of other libraries and Abington patrons must request this service in person at the Abington Library)

(PLEASE PRINT)

Last Name	First Name		Middle Initial
Address			_
City	State	Zip Code	_
Barcode (14 digits)		Email Address	
I authorize the libraries in t Consortium (MCLINC) to u account.	•		
I understand that by suppl regarding library materials		dress I am requestin	g email notification
I understand it is my respo held responsible for email			and that MCLINC cannot be
I understand that email con household with shared em including the titles of items	ail accounts may	view my personal ac	count information,
I understand that I may revibe removed from the email address from my patron rereceipt.	I notification syste	em, or by requesting	•
Your Signature			
Parent/Guardian Signature	c (if under 18 years of age	o)	
Date	Ph	one ()	
Please be sure to notify a Update your address with		_	
LIBRARY USE ONLY			
Home Library:	Account Updated: Date	Staff Initials	Library