**Hungarian Dance University ’Rózsi Vályi’ Library, Archives and Research Center of Dance Sciences**

**’RÓZSI VÁLYI’ LIBRARY**

CONSENT OF THE LEGAL REPRESENTATIVE (PARENT, GUARDIAN)

**for library registration or enrollment of a minor person over the age of 14**

 (To be attached to the Registration Form or Enrollment Statement)

*Please fill it in capital letters (or computer)!*

*Minor over 14 years of age registering / enrolling*

***Serial number or barcode*** *(the Library fills it):* ………………………..………

*Personal data**(the legal representative – parent, guardian – fills it):*

 **Name, birth name:** ……………………………………………………………………………………………..…......

 **Date and place of birth:** ……………………………………………………………………………………………...

 **Mother’s maiden name:** ……………………………………………………………………………………………...

 **Permanent residency:** ……………………………………………………………………………………………...…

 **Temporary residence / mailing address:** …………………… ………………………………………………..…….

I, the undersigned, agree that the above-mentioned minor under my legal representation (parental, foster care) must be a *registered / enrolled* \* user of the Hungarian Dance University ’Rózsi Vályi’ Library (*\* underline or delete).*

I accept the conditions, regulations and obligations contained in he Library’s Terms of Use and Service and I declaire them mandatory for the above-mentioned minor under my legal representation. I understand that the registration of the loan (extensions, debts etc.) is done on computer, in’Qulto HunTéka’ integrated library system. *Upon request*, the librarian will print a certificate for current loans (extensions, debts).

*Legal representative (parent, guardian)*

 **Name, birth name:** ……...……………………………………………………………………………………..……..

 **Permanent residency:** ……………………………………………………...……………………………....…..…….

 **Temporary residence / mailing address:** ……………………………………………………………………………

 **Cell phone number** (or landline phone number, if there is no cell phone number**):** …………………………………...…...……………....

 **E-mail address and other contact information:** ………………………………………………………………..…...

I certify with my signature that I have read the data management information of the Hungarian Dance University apply for the ’Rózsi Vályi’ Library, Archives and Research Center of Dance Sciences.

Place and date: …………………………………………..

Signature of the legal representative (parent, guardian): ………………………………..………………