

Library card

For children under the age of 18

As parent/guardian I hereby consent to letting...

Name.....

CPR-no.....

Address

Post codeTown

...borrow books and other materials in accordance with library rules. As parent/guardian I acknowledge that I have the full responsibility for any fees and replacement of lost materials that may incur from materials not being returned (on time).

Parent's/guardian's signature

Name.....

CPR-no.

Address.....

Post code..... Town.....

E-mail.....

Mobile number.....

Date..... Personal signature.....

To register please show a valid ID in the form of the yellow health card or passport.

Personal data

Gentofte Libraries register and handle personal data like name, address and cpr-no, in order to administrate your borrowings and reservations as well as to give you access to the libraries' e-resources. The data are also used in order to notify you of any returns and reservations as well as giving you access to using the libraries outside of the manned opening hours.

Information about returned materials, paid fees, the contents of messages sent to you as well as your visits to the libraries outside of manned opening hours will automatically be deleted after 30 days.

We forward personal data to other authorities in the instances where we are entitled or obliged to do so. For instance we forward information in connection with the payment of fees or replacements. We also forward personal data to data processors that handle data on our behalf.

According to the data protection rules you are entitled to insight into those of your personal data that are registered. If you wish to make use of your rights you must contact us via www.genbib.dk/contact

Gentofte Bibliotekerne

www.genbib.dk