

POLICY TITLE: Confidentiality of Patron Records

ADOPTION/LAST REVISION: Adopted 2/9/93; Reviewed 4/9/02; Revised 6/14/05; Revised 5/18/21

The relevant Wisconsin laws concerning the confidentiality of library records are Wisconsin Statutes Section 43.30 and the Wisconsin Personal Information Practices Act (Sections 19.62 to 19.80).

Wisconsin Statute Section 43.30 limits the disclosure of library records that indicate the identity of any individual who borrows or uses the library's documents or other materials, resources or services. Those library records indicating the identity of a library user include a library user's name, library card number, telephone number, street address, post-office box number, 9-digit extended zip code, photographs or videorecordings.

Under Section 43.30, library records which indicate the identity of any individual who borrows or uses the library's documents or other materials, resources or services may not be disclosed except:

1. with the consent of the individual library user;
2. to custodial parents or guardians of children under the age of 16; or
3. by court order.

Library staff acting within the scope of their duties in the administration of the library or library system have access to the library records of patrons. An individual's identity may be shared with other libraries (which meet the criteria set forth in 43.30(2)(a) – (c)) for interlibrary loan purposes.

The Everett Roehl Marshfield Public Library controls security cameras in the Library and any requests for surveillance footage should be directed to the Library Director. Library Administration will access cameras to investigate internal incidents related to the security and well-being of the building, staff, and/or patrons.

EVERETT ROEHL MARSHFIELD PUBLIC LIBRARY  
CUSTODIAL PARENT/GUARDIAN CERTIFICATION  
FOR ACCESS TO CHILDREN'S RECORDS

I, \_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Requestor's Street Address)

\_\_\_\_\_  
(City/State/ZIP)

\_\_\_\_\_  
(Phone)

hereby certify that I am the custodial parent or guardian of:

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Child's Street Address)

\_\_\_\_\_  
(City/State/ZIP)

\_\_\_\_\_  
(Date of Birth)

and, furthermore, I certify that I have not been denied periods of physical placement with the child under Wisconsin Statute 767.24(4).

Signed and certified by: \_\_\_\_\_  
(Custodial Parent or Guardian) (Date)

Pursuant to 43.30 Wisconsin Statutes, I, the above certified parent or guardian, hereby request to review the following library records pertaining to \_\_\_\_\_'s use of the library's materials, resources, or services:

Information requested (What specific record(s) about your child's library use are you asking for?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

*The Library will not release personal information about this child.  
The Library maintains only records on active library cardholders.*

**For Staff Use Only:**

Request submitted to: \_\_\_\_\_ Date: \_\_\_\_\_  
(staff person accepting request)

Request granted by: \_\_\_\_\_ Date: \_\_\_\_\_

Request referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Request denied by: \_\_\_\_\_ Date: \_\_\_\_\_