



Cornwall Public Library Tutor Permission Form

Tutor's Name: _____

Address: _____

Town/City: _____ ST: _____ Zip: _____

Phone _____ E-mail: _____

Organization/Affiliation: _____

Date(s) of Use: _____

Time: From _____ To _____ Number of People Expected to attend: _____

Please arrange a brief orientation with Library Staff upon approval.

Cornwall Public Library reserves the right to revoke and cancel any permission granted when such use may be in conflict with the best interests of the Library, if there is a conflict with the use of the Meeting Room and/or the Quiet Study Room, or if the Tutoring Policy is not honored by either tutor or student.

I have read Cornwall Public Library's Tutoring Policy and agree to abide by the policy and the rules.

Signature of Applicant _____ Date _____

Approved Not Approved

Signature of Library Director _____ Date _____

Approved 11-08-2016; Revised an Approved 12/12/19