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