




LIBRARY HALL PASS

Teachers, please fill out this form before sending your student to Fairport Harbor Public Library.
To ensure the safety of students, staff and other library visitors, please remind your students to wear a mask upon coming into the library, sanitize their hands and practice social distancing.

Date: _____ Teacher/Substitute: _____ Grade: _____

Time Students Entered Library: _____ End Time: _____

Reason for Visit:

| STUDENT NAME (Please print first and last name) | |
|---|--|
|  | |
| | |
| | |
| | |
| | |

Teacher Signature: _____ Date: _____

Do not write below this line

Library Use Only

Librarian on Duty: _____

Date: _____

Time: _____