



Walter E. Helmke Library
260-481-6512

IPFW Helmke Library's Parental Consent Form

I, the undersigned, as the parent (or legal guardian) of _____
Name of student (please print)

do assume full responsibility for all library materials borrowed by this individual from Walter E. Helmke Library, Indiana University-Purdue University Fort Wayne (IPFW).

Signature

Name (please print) of parent or guardian

Street Address

City, State, Zip Code

Phone number

E-mail

Please check if you wish to receive enrollment information from IPFW.

Date