|   Library Card Registration |
| --- |
| Today’s Date:  |  Adult Child | Computer Use Permission  Yes No |
| Name (Last, First, M.I.): |
| Birth Date (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| Primary Address: |
| City: | State: | ZIP Code: |
| Secondary Address: |
| City: | State: | ZIP Code: |
| Primary Phone:  | Secondary Phone:  | Other Phone: |
| E-mail: |
| ***I accept full responsibility for all use of this library card and for all charges associated with its use. I agree to abide by the library’s rules and regulations. I acknowledge that by providing an email address I agree to receive email from the library related to my account and library business.*** |
| Signature: |
| Signature of Guardian (if applicable): |
| Printed Name of Guardian: |
| ***For staff use only*** |
| Staff Initials:  | Library Card Number: |  In System  Out of System |
| ID Verified:  | Form Rev 05/2018 |
| Residency:  | School District: |