| 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: | | |