



LIBRARY CARD APPLICATION

Account Type: ADULT YOUTH TEACHER/HOMESCHOOL

CARDHOLDER'S LAST NAME: MR. MISS/MS./MRS.

FIRST NAME & MIDDLE INITIAL:

ADDRESS:

Street Apt # City State Zip Code

PHONE: (cell number required for text notices)

EMAIL:

SIGN UP FOR E-NEWSLETTER: Yes No

BIRTHDATE: (MM/DD/YYYY)

PLEASE CONTACT ME FOR NOTICES BY:

Email Phone Text

I agree to be responsible for all materials borrowed with this card and for all fines incurred, including charges for late, lost, and damaged materials. I will notify the library of any name or address changes. I understand that I must follow all library rules of behavior, and that if I choose not to comply with these rules, my library privileges may be suspended.

Signature of applicant or parent/legal guardian for minor

Date

ACCESS TO LIBRARY ACCOUNT

An individual's library account and personal information are handled confidentially, as allowed by Ohio law (ORC 149.432), unless the adult chooses to waive that right by granting permission to others. I understand that I must visit the library in person if I wish to revoke this document or change the individuals who have access to my account.

I would like the following individual(s) to have full access to my account:

Printed Name

Relationship

Printed Name

Relationship

Anyone who has this library card may use or have access to my library account and personal information.

PLEASE COMPLETE THIS SECTION IF THE APPLICANT IS UNDER 18 YEARS OF AGE

PARENT/GUARDIAN LAST NAME:

FIRST NAME & MIDDLE INITIAL:

PARENT/GUARDIAN PHONE NUMBER:

PARENT/GUARDIAN LIBRARY CARD NUMBER:

Internet Access for Minors: Allow Internet Access

Block Internet Access

TEACHER AND HOMESCHOOL CARD

LIBRARY USE ONLY

TEACHER STUDENT TEACHER HOMESCHOOL

PERSONAL LIBRARY CARD #

SCHOOL NAME:

SCHOOL PHONE:

ID used for registration:

Card completed by:

Date:

Reviewed by:

Date:

Barcode: 2441400 _____