LIBRARY CARD APPLICATION

Name: ____________________________  ____________________________  ____________________________

Last  First  Middle

Mailing Address: ____________________________  ____________________________  ____________________________

City  State  Zip Code

Physical Address: (if different from mailing address)

City  State  Zip Code

Home Phone: (  )__________________________  Cell Phone: (  )__________________________

Email Address: ____________________________

Gender:  Male ☐  Female ☐  Birth Date: _____ / _____ / _____

I have read and understand the Library policies regarding library and internet use and I agree to abide by them. By signing this form I verify that the above information is true and accurate. I accept full financial responsibility for the use of this card. I will return all materials and/or pay for all unreturned or damaged materials charged to this card. The Library is not responsible for any damage that borrowed materials might cause to my own equipment. I understand the Library does not censor as to content nor does it limit access to materials. I understand that the Library provides computers for Internet use to all patrons, including juveniles. I agree to be responsible for monitoring my child’s internet use and I will not hold the library responsible for monitoring my child’s internet use. I understand I am responsible for notifying the library of loss or theft of this card and that failure to do so will result in my being held liable for materials on this card and for fines incurred on the card. I agree to inform the library of any changes in my name, address, phone number, email address or changes in the status of parent/guardian.

Signature of Patron: ____________________________  Date: ____________________________

Signature of Parent/Guardian if patron is under 18: ____________________________

California Government Code Section 6267 states registration and circulation records of any library shall remain confidential and shall not be disclosed to any person, local agency, or state agency unless authorized in writing by the record holder to do so. This includes information on titles, holds, items checked out and due dates of items checked out. To authorize the library to give you information on your account please read the statements below and initial to confirm your agreement.

I authorize the Library to give me account information upon presentation of my library card or current photo ID. *  Initial_______

*Please note: Due to the above referenced confidentiality law we cannot give out information over the telephone.

Staff Use Only

Patron Barcode: ____________________________  Staff Name: ____________________________  Date: ____________________________

Photo ID Provided:  CDL ☐  CID ☐  Student ID ☐  Other: ____________________________  ID # ____________________________

Address Verification Checked:  Phone Bill ☐  Utility Bill ☐  Bank/Credit Card Statement ☐  Checkbook ☐  Other: ____________________________

Applicant Type:  Adult ☐  Juvenile ☐  Computer Only  Revised 1/19/2016