



Library Card Registration Application
School Outreach
Please fill out and return to your teacher
Please PRINT

Name\*
Street Address\* Apt
Town\* Zip\* Phone
Date of Birth\* email

PIN\* I would like to receive courtesy and hold notices by (check one or more options)
email phone text SMS number SMS Provider

\*MANDATORY fields

I accept responsibility for any material borrowed with this card. I agree to be responsible for the payment of all fines and charges incurred on this card. I agree to notify the library promptly if the above address is changed or if this card is lost or stolen.

SIGN

PRINT

Parent's signature required for children 14 and younger: please SIGN and PRINT name

School/Teacher/Grade

STAFF USE ONLY

Patron Category Adult Juvenile
Patron Group Standard Adult Standard Juvenile School Choice Teacher Other
Barcode Exp Date Initials/Branch