

# Minor Library Card Application

Date: _____		School: _____	
Name: _____	Birthdate: _____		
Last	First	Middle	
Address: _____		Apt. _____	
Number	Street		
City: _____	CA Zip Code: _____	Phone #: _____	

*I accept responsibility for all items checked out on my library card and agree to follow library rules. Account balances over a certain amount may be referred to a Collection Agency with a Service Fee added to the account. I will report a lost card immediately and notify the library when I move.*

Parent or Guardian Name (Print) \_\_\_\_\_ Parent Birthdate: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Parent Driver's License #: \_\_\_\_\_

Notification Preference:  Email or  Text/SMS *(Email required for automated renewal)*

I would like to subscribe to the library's email newsletter:  Yes  No

Signature: \_\_\_\_\_ *(Please print and sign application)*



STAFF USE ONLY

Residence Code

Bar-Code

Staff Initials