
FIRST NAME MIDDLE NAME (REQUIRED) LAST NAME

STREET ADDRESS

CITY STATE ZIP CODE DATE OF BIRTH (MM/DD/YYYY)

(_____) _____ - _____
PHONE NUMBER EMAIL ADDRESS

When I have materials ready for pickup or overdue items contact me by **(choose one)**:

- Phone
- Email
- Text/Email (provide number)

(_____) _____ - _____
TEXT NUMBER

These other individuals may use my library card and have full access to my library record:

NAME 1

NAME 2

NAME 3

IF APPLICANT IS A MINOR A PARENT/GUARDIAN MUST COMPLETE THIS SECTION

“R” Rated DVDs

- ALLOW my child to borrow “R” rated DVDs
- RESTRICT my child’s access to “R” rated DVDs

Internet Access

- ALLOW my child to have access to all websites (UNFILTERED)
- RESTRICT my child’s Internet access to prevent viewing of adult-oriented websites (FILTERED)

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME OF PARENT/GUARDIAN

Staff Use Only: Initials _____ Barcode _____

