

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