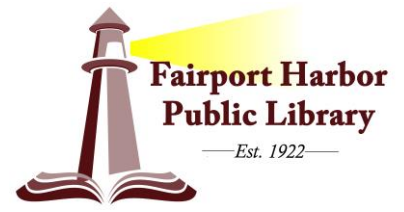


# Library Card Application

**PLEASE PRINT**



**Applicant Name :**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Apartment / Unit # \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birth date: Month \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_

Patron information can be accessed by staff at any CLEVNET library. CLEVNET Libraries are obligated to keep patrons' personal information confidential. No CLEVNET Library will release personal information about patrons, unless compelled by law.

Parent / Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Apartment / Unit # \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please show and list one of the following forms of identification:**

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

Military ID: \_\_\_\_\_ State ID Card: State: \_\_\_\_\_ Number: \_\_\_\_\_

Other: (rent, utility, or property tax receipt, etc) \_\_\_\_\_

**How would you like to receive due date reminders and notices of arrived requests? (check one)**

by email \_\_\_\_\_ by text message \_\_\_\_\_ by phone \_\_\_\_\_

Would you like to receive library news and announcements by email?  YES  NO

Parent / Guardian

TURN OVER AND COMPLETE THE BACK OF THE FORM



**PLEASE READ BEFORE SIGNING:**

**I verify that this information is correct, and I assume financial responsibility for all materials borrowed or charges incurred on any card issued from this application. I understand that I am the only person permitted to use this library card.**

Signature of applicant : \_\_\_\_\_

Date: \_\_\_\_\_

**If applicant is under age 18 or cannot show ID:** *without an adult signature or proper identification, a FH-OP "opportunity" card will be issued limiting borrowing to 3 books.*

**I verify that this information is correct, and I assume financial responsibility for all materials borrowed or charges incurred on any card issued from this application. I understand that MY CHILD is the only person permitted to use this library card.**

Signature of parent /guardian : \_\_\_\_\_

Date: \_\_\_\_\_

**YA (Age 14-17) BORROWING PRIVLEGES EXTENSION / WAIVER**

A parent/guardian is responsible for the appropriateness of library materials and resources used by individuals under 18 years old, including audio-visual materials, internet sites, and other electronic information. A parent/guardian is also responsible for payment of charges incurred with the card.

I  DO /  DO NOT

**give permission for my child / teen (age 14-17) to borrow any and all age restricted library materials and I assume financial responsibility for all materials borrowed or charges incurred on any card issued from this application. I understand that MY CHILD is the only person permitted to use this library card.**

Signature of parent /guardian : \_\_\_\_\_

Date: \_\_\_\_\_

*Office use only*

Library Card Number: 1002500 \_\_\_\_\_ School District Tax Code \_\_\_\_\_

Card Profile Name (circle one) OP JV YA AD BOARD GB HOMB D STAFF TEACH

Received by (initial and date) \_\_\_\_\_ Verified by (initial and date) \_\_\_\_\_

**Fairport Harbor Public Library**

35 Vine Street, Fairport, OH 44077

440-354-8191

www.fairportlibrary.com