

DELAWARE LIBRARIES
LIBRARY CARD APPLICATION

BASIC INFORMATION:

Last Name _____ First _____ Middle _____

male female

Birthdate _____ I am 18 or older 17 or younger * See below

PIN _____

ADDRESS:

Primary Residence:

Street: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____ County: _____

Secondary:

Street: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____ County: _____

CONTACT INFORMATION:

Email: _____

Main Telephone: (_____) _____ Secondary/Mobile Phone: (_____) _____

I would like to receive text messages on my mobile phone for:

Overdue Notice Hold/Pickup Notice Messages

Signature: _____ Date: _____

***PARENT/GUARDIAN INFORMATION:**

Name of Parent or Legal Guardian: _____

I have read the Library's Internet Policy and wish to give my child the following access to the Internet or other online services:

Internet Access Full Limited (Library supplied databases and software only) Initials: _____

I understand that the Library does not accept responsibility for my child's choice of Library materials and that I am responsible for the materials borrowed by my child and any fines or fees accrued on them until the youth turns 18. At that time, any outstanding charges on the youth card will be transferred to my adult library card account.

Parent/Guardian Signature: _____ Date: _____

For staff use only:

Date: _____ Barcode: _____

Driver's License (State/Number) or Passport: _____

City of Dover Harrington Smyrna Milford School District

Profile Name if not Resident: NONRES NRPO Temp Other

Staff Name: _____

