



SOUTH CENTRAL LIBRARY SYSTEM
LIBRARY CARD APPLICATION

IDENTIFICATION REQUIRED:

- Photo I.D. (i.e. Driver's license, state I.D. card)
Proof of Current Address (i.e. Driver's license, state I.D., recent mail, online bill)

PATRON INFORMATION (please print):

Name: Last First Middle PIN: 4 Numbers

Preferred Name: Birthdate: Month Day Year

Mailing Address: Street, RR/Fire Number or P.O. Box City or Village State Zip

County of Residence: Township:

Residential Address: (Complete if different from mailing address)

Street, RR/Fire Number or P.O. Box City or Village State Zip

Contact Phone: Email Address:

I would prefer to be notified of my requests by: (choose one)

- Email
Phone
Text Message: (circle one) AT&T, Boost Mobile, Cingular, Cricket, Google Fi, Republic, Sprint, T-Mobile, US Cellular, Verizon, Virgin Mobile, Other

Acceptance of Responsibility:

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
I will comply with all library rules and policies.
I understand that there will be charges for overdue, lost, damaged and stolen library materials.
I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and or my children or minor dependents what resources are appropriate for my/our personal use.
I understand that I will receive emails of library events and library related activities.

SIGNATURE: Date:

FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature:

Please print Parent or Legal Guardian Name:

Children will receive their own library card and account.

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

PIN #: _____
4 Numbers

Barcode - Staff Use Only

Name of Child: _____
Last First Middle

Birthdate: ____/____/____

Preferred Name: _____

PIN #: _____
4 Numbers

Barcode - Staff Use Only

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FOR LIBRARY STAFF USE ONLY:

Send to: _____ From: _____ Initial when ID checked: _____ Date entered: _____

New Registration

Address/Name Change

Lost Card

Patron has card with barcode # _____

PIN assigned _____

Sort Code _____