



# LIBRARY CARD REGISTRATION

# Welcome!

**NAME**

Last \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

**PARENT OR GUARDIAN**

\_\_\_\_\_

Full name of parent or guardian required for children's cards, 15 years and under.

Gender: Male  Female  Not disclosed

Age Group: 0-17  18+  Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

← **PIN:** For your PIN, choose a **FOUR-DIGIT NUMBER** that is easy for you to remember. Use it to access databases and your personal library information online.

**OPTIONAL:** I want my child to have a **RESTRICTED LIBRARY CARD.** This card will not allow the user to check out "R" rated videos or "explicit" language sound recordings. **SIGN ONLY FOR A "RESTRICTED" CARD.**

**SIGNATURE OF PARENT OR GUARDIAN**

**ADDRESS**

Address \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

**ALTERNATE ADDRESS**

Address \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

**NOTIFICATION OPTIONS**

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Area Code

Please select how you prefer to receive notifications when items are available: Phone Call  Email  Text

**RECEIPT OPTIONS** Email  Text  Text messaging carrier \_\_\_\_\_

You can opt-in to save your **PERSONAL READING HISTORY** and access it anytime online. This reading history can be accessed by law enforcement personnel without your consent. You can always opt-out at any time and your reading history will be deleted.

Do you wish to save your personal reading history? Yes  No

**Confidentiality of information:** Please be aware that libraries are restricted by Florida law from revealing any information about you or your library records without a court order. Information supplied at registration is **strictly confidential** and cannot be accessed by any person or agency except authorized library staff.

I accept responsibility for the safekeeping of library materials borrowed with my card and agree to give notice of change of address or loss of card. I agree to pay any fines or other charges imposed for late return, loss, damage, or mutilation of library materials.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

I approve the issuance of a library card to the child whose name is signed to this application and agree to give notice of change of address or loss of card. I agree to pay any fines or other charges imposed for late return, loss, damage, or mutilation of library materials. I acknowledge that the responsibility for what a minor borrows rest with the parent or guardian.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

If you are not already a registered voter, would you like to fill out a voter registration form? Yes  No

**Fill in below for ADDITIONAL CARDS for CHILDREN with same address and notification options as above**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Gender: Male  Female  Not disclosed

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PIN** →  **Check box for RESTRICTED CARD**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Gender: Male  Female  Not disclosed

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PIN** →  **Check box for RESTRICTED CARD**