

MINOR LIBRARY CARD APPLICATION

| Staff Use | |
|-----------|---|
| Initials | |
| BC # | - |

The Library requires proof of identification and age
The adult who is accepting responsibility for the minor
The adult must also sign a responsibility for minor card
Please print all information

| Date | | | |
|-----------|---|-------------------|------------------------------------|
| | | | |
| Minor's | NameLAST | FIRST | MIDDLE INITIAL |
| Adult's | Name and Mailing Address | | |
| | | | |
| | Name C/OFirst | Middle Initial | Last |
| | NI IMRED/STDEET | | ADT |
| | NUMBER/STREET | | APT |
| | CITY | STATE | ZIP CODE |
| * | | | |
| Minor's | Birth date | | |
| Adult's | E-Mail Address | (All library not | ices will go to your email address |
| Adult's | Telephone Number | | |
| SELECT | A 4-DIGIT SECRET "PASSWORD." [PIN] (4 | Numbers): | |
| Borrowe | er Type CIRCLE ONE OPTION | | 4 |
| ı | M RESIDENT OF OHIO | | |
| ١ | MV RESIDENT OF OHIO With DVD/ Video | access | 1 |
| 7 | TEMPORARY | | |
| Statistic | cal Classes (Used for Statistical Purpose | s Only) | |
| . A | AGE and GENDER of MINOR Female (af) _ | Male (am) | BIRTH YEAR |
| A | Adult's Relationship to Minor | | |
| S | School | | |
| | eacher | | |
| | | | |

Responsibility For Juvenile-No DVD'S Licking County Library

The Library card must be presented to borrow and use library materials

Print Juvenile's Name (Last Name First)

- I will notify the library promptly if my Library card is lost or stolen
- I will notify the library promptly if my address changes
- I will be charged a fee to obtain a replacement Library Card.
- The minor's Library Card is the property of the Library, and I will return it if the Library requests it
- I assume full responsibility for all use of my Library Card and will pay all charges for late, lost and damaged materials

By signing this card, I accept full responsibility for the use of this Juvenile's Library Card

| | Vanit Alguardia - |
|--|-------------------|
| | |
| | |
| | |
| | Date |
| | |

