



Library Card Application - YOUTH

Please print clearly; use black ink.

MINOR'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

PARENT/GUARDIAN'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

(_____) _____ PARENT/GUARDIAN'S PHONE
(_____) _____ PARENT/GUARDIAN'S WORK PHONE

PARENT/GUARDIAN'S MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN'S SOCIAL SECURITY NUMBER (optional) _____

I want to receive library notices via: e-mail OR regular mail E-mail address: _____

I want to limit this card to allow the borrower to only check out materials from the Children's Floor and to limit what they have access to on the Internet. Initials _____

FOR LIBRARY USE ONLY: JV J2 J3