

Please Print Clearly



Library Card Application

(La solicitud en español está al dorso)

www.sdcl.org

First Name (Full Legal Name)	Middle Name (Required)		Last Name
Mailing Address (Duty Station if Military)			Apt/Space/Unit No.
City		State	Zip Code
Telephone:		-	
Home: () - Work: () -			
E-Mail Address:			Birth Date: Month/Day/Year (Required if under 18) / /
Parent or Guardian of Applicant under Age 18			
First Name	Middle Name (Req	uired)	Last Name
Address (If different from applicant)			Apt/Space/Unit No.
City		State	Zip Code
Children under the age of 18 must have parental permission to use the Internet when their parent/guardian is not			
with them. Would you like to complete an Internet Parental Consent Form? \Box Yes \Box No			
Parents of minor children may request restrictions on their child's account to prevent checking out "R" rated			
$DVDs / Videos - Do you wish to restrict your child's account? \Box Yes \Box No$			
Residential Address If Different from Above			
Residential Address			Apt/Space/Unit No.
City		State	Zip Code
Acceptance of Responsibility			
 I will be financially responsible for all materials borrowed and any fines accrued on this card. I will report a lost card or any change in address immediately. Parents are solely responsible for their child's use of library materials. 			
I would like to receive information concerning Library services from library support organizations. \Box Yes \Box No			
Signature of APPLICANT:			
Signature of PARENT/GUARDIAN:			
STAFF USE ONLY			
Home Branch:	Barcode		Address Verified? Yes No
			Picture ID Verified? Yes No
			Parent's Account Checked for
			Customer in good standing? Yes
Patron Code: AD JV NA NJ HB IN TR JI ML			Juvenile to Adult
Application Taken	Registration Input		Final Check
By: Date:	By: Date:		By: Date:
LIB 10-03 (Rev. 04-02-2009)			