

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			
<ul> <li>I will be financially responsible for all materials borrowed and any fines accrued on this card.</li> <li>I will report a lost card or any change in address immediately.</li> <li>Parents are solely responsible for their child's use of library materials.</li> </ul>			
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)			