

Library Card Registration Form

* Required information

*Name _____
Last Name First Name Middle Initial Suffix

*Address: _____ Apt. # _____

*City/Town: _____, PA _____ *Zip: _____

Alternate Address _____

*Primary Phone: _____ Alternate Phone: _____

*City, Borough, or Township: _____ *County _____

*Name of primary contact at this address for Library mailings: _____

*School District: _____ E-mail: _____

*Date of Birth: Month: _____ Day: _____ Year: _____ *Gender: M F

Language(s) spoken at home other than English _____ Home-Schooler: Yes No

(If available) Would you like to be informed about Library events via email? YES NO

By signing you apply for the right to use the Library and you promise to abide by all its rules, to give immediate notice of change of address or telephone number, and to promptly pay any fines or damages charged to your card. All registered card holders in good standing have equal right to access all materials and services the Library provides. Some services (i.e.: computing) may require additional signatures. The Independent Local Public Libraries of Lancaster County recognize the legal guaranties of confidentiality as specified by law in The Library Code, Act of June 14, 1961, P.L. 324, as amended through July 1, 1985, Section 428. The Library promises to keep all Library transactions of all clients confidential and will disclose information to secondary sources only if permission is granted by cardholder or upon legal subpoena.

Any child under 14 years of age must have a parent's signature. Parents and guardians signing for borrowers under the age of 14 are responsible for their overdue fines and lost materials incurred by their usage. Parents and guardians are also responsible for monitoring the materials their children or wards borrow through personal interaction with the child. Please note the Library respects the confidentiality of all clients and extends equal privileges and responsibilities to all clients regardless of age. **Parents inquiring on a child's card will need to have the child's consent for information disclosure.**

I have read the Library Card User Rights and Responsibilities and this application in full and agree to comply with the guidelines presented.

*Applicant Signature: _____ Date _____

* Parent Signature (if applicant is under 14) _____

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Library use only:

Barcode _____ Date _____

Identification Used & Number (Driver's License#) : _____

Staff Member Initials _____ Out of County: Access Card Verification Fee _____ Updated 6/08