

SUNNYVALE PUBLIC LIBRARY CARD APPLICATION

PLEASE PRINT IN INK AND FILL OUT COMPLETELY

NAME: _____
First Name Middle Name Last Name

MALE FEMALE AGE GROUP: 5-17 18+ DATE OF BIRTH: _____ / _____ / _____
Month Day Year

PERMANENT RESIDENCE ADDRESS: _____
(No P.O. Box or Mailing Address) Street Apt. #

City County State Zip Code

CELL PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

ID#: _____ TX DL TX ID CARD NON-TX DL or ID _____
State or Country

PLEASE READ CAREFULLY AND SIGN AND DATE BELOW:

I AM APPLYING TO RECEIVE LIBRARY PRIVILEGES AND WILL ABIDE BY THE LIBRARY RULES. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE RULES MAY RESULT IN MY LIBRARY PRIVILEGES BEING SUSPENDED OR REVOKED. I WILL BE RESPONSIBLE FOR ALL MATERIALS BORROWED WITH THIS CARD AND WILL PAY ALL FINES AND FEES INCURRED, INCLUDING CHARGES FOR LATE, LOST AND DAMAGED MATERIALS. I WILL GIVE PROMPT NOTICE OF ANY CHANGE OF NAME, ADDRESS, E-MAIL OR PHONE NUMBER AND I WILL IMMEDIATELY REPORT IF MY CARD HAS BEEN LOST OR STOLEN.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR LEGAL GUARDIAN INFORMATION

PLEASE PRINT IN INK AND FILL OUT COMPLETELY PARENT OR GUARDIAN INFORMATION IF APPLICANT IS UNDER 18 YEARS OF AGE

NAME: _____
First Name Middle Name Last Name

RELATIONSHIP _____ DATE OF BIRTH: _____ / _____ / _____
Month Day Year

PERMANENT RESIDENCE ADDRESS: _____
(No P.O. Box or Mailing Address) Street Apt. #

City County State Zip Code

CELL PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

ID#: _____ TX DL TX ID CARD NON-TX DL or ID _____
State or Country

PLEASE READ CAREFULLY AND SIGN AND DATE BELOW:

I HAVE GIVEN PERMISSION FOR THE MINOR LISTED ON THIS APPLICATION TO RECEIVE LIBRARY PRIVILEGES. I UNDERSTAND THAT I AM TAKING RESPONSIBILITY TO ENSURE THAT THE MINOR WILL FOLLOW ALL LIBRARY RULES AND THAT IF HE/SHE CHOOSES NOT TO COMPLY, HIS/HER LIBRARY PRIVILEGES MAY BE SUSPENDED OR REVOKED. I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS BORROWED BY THE MINOR WITH THIS CARD AND FOR ALL FINES AND FEES INCURRED, INCLUDING CHARGES FOR LATE, LOST AND DAMAGED MATERIALS. I WILL GIVE PROMPT NOTICE OF THE MINOR'S CHANGE IN NAME, ADDRESS, E-MAIL OR PHONE NUMBER AND I WILL IMMEDIATELY REPORT IF THE MINOR'S CARD IS LOST OR STOLEN.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

STAFF USE ONLY

BARCODE: _____ EXPIRES: _____ IDENTITY CHECKED NAME SEARCHED

NEW CARD RENEWAL REPLACEMENT CARD _____ LOST STOLEN DAMAGED
Original #

RECORD UPDATE: NAME CHANGE ADDRESS CHANGE ID# CHANGE PARENT/GUARDIAN CHANGE

PATRON LOG ON: USER NAME / BARCODE: _____ PIN: _____

VERIFIED BY: _____ DATE: _____