

Millard Oakley Public Library Card Application

Please Print

Last Name _____ First _____

Mailing Address _____

Town _____ Zip _____

Email address _____ Telephone _____

Driver License # _____ Date of Birth _____

This child has my permission to use the ☐ Internet ☐ Computer

We are required to ask the following in compliance with the Civil Rights Act of 1964. Your response is voluntary. If you choose to respond, please circle one:

White Black Native American Hispanic Native Hawaiian Asian Other

The library cannot select, monitor, or control the content of the Internet. Individuals using the Internet are responsible for whatever is accessed. If you intend to use the computers, please ask for a computer pass at the desk. Please be sure to read the policy posted on each workstation.

I APPLY FOR LIBRARY PRIVILEGES, UNDERSTANDING THAT THE MATERIALS BORROWED ON MY CARD ARE MY RESPONSIBILITY. I AGREE TO ABIDE BY THE POLICIES AND REGULATIONS OF THE LIBRARY. IF LEGAL ACTION BECOMES NECESSARY TO RECOVER LOST OR STOLEN ARTICLES CHECKED OUT ON MY CARD, I WILL PAY ALL NECESSARY LEGAL FEES AND COURT COSTS.

Signature

Date

Parent Signature if under 18

Date

STAFF USE ONLY:

Card Number _____

Adult Young Adult Child Under 14

Staff Signature: _____