



			IBRARY	
PERSONAL INFORMATION		A	PLACE TO DISCOVER	
First Name	Middle Nam	Middle Name or Initial		
Last Name	Preferred N	ame	DOB	
ACCOUNT SECURITY				
Please choose a 4-digit PIN #				
MAILING ADDRESS				
Street/PO Box		Apt		
City		State	Zip Code	
Phone	Email (Preferred)			
BORROWER'S AGREEMENT				
Report my card's loss, theft, or abuse immediate Follow JDL policies Juvenile's Signature RELEASE OF CHILD'S LIBRARY RECO	ORDS & SIGNAT			
Name of Child				
I am the MOTHER FATHER LEGAL GU give consent for the release of the child's library PARENT (print name) responsibility and liability for payment for the abo	records to SELF,	☐ LEGAL GUA By signing this	RDIAN, and/or OTHER form, I agree to accept full	
ID Number		ID Type		
Parent/Guardian Sig.		Driver's License, Permit, State ID, Student ID, Etc.		
HOW WOULD YOU LIKE TO BE CON	TACTED?			
Email Text				
STAFF USE ONLY DIDOCU DY DALT	OUT OF COUNTY F	D \$40 / \$75 □ Ve	rification used:	
Staff Name (Print)			Date	

REVIEWED BY: BRANCH MGR (Signature)

Branch