

DELAWARE LIBRARIES
LIBRARY CARD APPLICATION

BASIC INFORMATION:

Last Name _____ First _____ Middle _____

male female

Birthdate _____ I am 18 or older 17 or younger * See below

PIN _____

ADDRESS:

Primary Residence:

Street: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____ County: _____

Secondary:

Street: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____ County: _____

CONTACT INFORMATION:

Email: _____

Main Telephone: (_____) _____ Secondary Phone: (_____) _____

Signature: _____ Date: _____

***PARENT/GUARDIAN INFORMATION:**

Name of Parent or Legal Guardian: _____

I have read the Library's Internet Policy and wish to give my child the following access to the Internet or other online services:

Internet Access Full Limited (Library supplied databases and software only) Initials: _____

I understand that the Library does not accept responsibility for my child's choice of Library materials and that I am responsible for the materials borrowed by my child and any fines or fees accrued on them.

Parent/Guardian Signature: _____ Date: _____

For staff use only:

Date: _____ Barcode: _____

Driver's License (State/Number) or Passport: _____

City of Dover Harrington Smyrna Milford School District

Profile Name if not Resident: NONRES NRPO Temp Other

Staff Name: _____