



LIBRARY CARD REGISTRATION

Welcome!

NAME

Last _____

First _____

Middle _____

PARENT OR GUARDIAN

Full name of parent or guardian required for children's cards, 15 years and under.

Gender: Male Female Not disclosed

Age Group: 0-17 18+ Birth Date ____/____/____

← **PIN:** For your PIN, choose a **FOUR-DIGIT NUMBER** that is easy for you to remember. Use it to access databases and your personal library information online.

OPTIONAL: I want my child to have a **RESTRICTED LIBRARY CARD.** This card will not allow the user to check out "R" rated videos or "explicit" language sound recordings. **SIGN ONLY FOR A "RESTRICTED" CARD.**

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

Address _____ Apartment/Unit _____

City _____ State _____ ZIP code _____ County _____

ALTERNATE ADDRESS

Address _____ Apartment/Unit _____

City _____ State _____ ZIP code _____ County _____

NOTIFICATION OPTIONS

Phone (_____) _____ - _____ Email _____

Area Code

Please select how you prefer to receive notifications when items are available: Phone Call Email Text

RECEIPT OPTIONS Email Text Text messaging carrier _____

You can opt-in to save your **PERSONAL READING HISTORY** and access it anytime online. This reading history can be accessed by law enforcement personnel without your consent. You can always opt-out at any time and your reading history will be deleted.

Do you wish to save your personal reading history? Yes No

Confidentiality of information: Please be aware that libraries are restricted by Florida law from revealing any information about you or your library records without a court order. Information supplied at registration is **strictly confidential** and cannot be accessed by any person or agency except authorized library staff.

I accept responsibility for the safekeeping of library materials borrowed with my card and agree to give notice of change of address or loss of card. I agree to pay any fines or other charges imposed for late return, loss, damage, or mutilation of library materials.

SIGNATURE OF APPLICANT _____

I approve the issuance of a library card to the child whose name is signed to this application and agree to give notice of change of address or loss of card. I agree to pay any fines or other charges imposed for late return, loss, damage, or mutilation of library materials. I acknowledge that the responsibility for what a minor borrows rest with the parent or guardian.

SIGNATURE OF PARENT OR GUARDIAN _____

If you are not already a registered voter, would you like to fill out a voter registration form? Yes No

Fill in below for ADDITIONAL CARDS for CHILDREN with same address and notification options as above

Last name _____

First name _____

Middle name _____

Gender: Male Female Not disclosed

Birth Date ____/____/____

PIN → **Check box for RESTRICTED CARD**

Last name _____

First name _____

Middle name _____

Gender: Male Female Not disclosed

Birth Date ____/____/____

PIN → **Check box for RESTRICTED CARD**