



Linebaugh Public Library System

# LIBRARY CARD APPLICATION

## APPLICANT MUST PRESENT IDENTIFICATION WITH CURRENT ADDRESS

Library barcode # 2 3687 \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Check one:  Adult  Ages 6 - 17  Birth to age 5

Staff initials: \_\_\_\_\_

■ Please Print

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Local mailing address \_\_\_\_\_  
STREET OR P.O. NO. APT. NO.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Preferred for holds) \_(\_\_\_\_)\_\_\_\_\_ Telephone (Home) \_(\_\_\_\_)\_\_\_\_\_

Email (Optional) \_\_\_\_\_ Driver's license # \_\_\_\_\_

■ Please fill out this section if you are under 18. Parent/guardian ID and signature required for child under 18.

Child's date of birth \_\_\_\_\_ Parent/Guardian's driver's license # \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing address (if different from above) \_\_\_\_\_  
STREET OR P.O. NO. APT. NO.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

■ Signature is required to receive a library card:

*My signature on this application indicates my agreement to follow the Library's rules and policies in exchange for access to the Library's collections and services. I accept responsibility for all the materials charged to this card, including fines and fees assessed to it. I will report as soon as possible to the Library if this card is lost or stolen.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

My child (up to age 18) may access the Internet.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

My child (up to age 18) may have video privileges.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**IMPORTANT!!** Information given to Linebaugh Public Library System is, by law, considered confidential.

**LINEBAUGH PUBLIC LIBRARY SYSTEM**  
**DEMOGRAPHIC INFORMATION FORM**

The Linebaugh Public Library System does not discriminate in the provision of services, programs or activities. The information provided will not be a factor in consideration of your application for a library card. While submission of this form is not mandatory, the Linebaugh Public Library System does wish to maintain demographic information about persons who apply for library cards in order to evaluate services, programs and activities that will best meet the needs of our patrons. We would request that you complete this form and turn it in at the circulation desk. These forms will be maintained separately and will be used solely to compile statistical data useful in the planning and provision of future Library services, programs and activities. There will be no effort made by anyone to match your Library Card Application with this Demographic Information Form. **DO NOT WRITE YOUR NAME, ADDRESS OR ANY OTHER IDENTIFYING INFORMATION ON THIS FORM.**

**Age category:**                       Under 18                       18-54                       55 and over

**Gender:**                               Male                               Female

**Ethnic/Racial Background:**  Caucasian [white]  Black                       Hispanic

American Indian                       Asian/Pacific Islander

Alaskan Native

**DATE:** \_\_\_/\_\_\_/\_\_\_