

Sandusky Library Application for Library Card

ALL APPLICABLE FIELDS ARE REQUIRED

Card Number _____

NAME:
First MI Last

MAILING ADDRESS:
Number and Street / PO Box Apt.#

City State Zip Code

County School District

PHONE:
Home Cell

EMAIL:

PREFERRED CONTACT METHOD: Home Phone Cell Phone Email Text

DATE OF BIRTH: LAST 4 DIGITS OF SOCIAL SECURITY #:
MM DD YYYY

RESIDENCE:
If different from mailing
Number and Street / PO Box Apt.#

City State County

Zip Code

IF APPLICANT IS UNDER 18 YEARS OF AGE, PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING SECTION

NAME: Parent/Guardian
First Middle Last

RESIDENCE:
If different from applicant
Number and Street / PO Box Apt.#

City State Zip Code County

The responsible party certifies that the information given here, is correct and accepts financial liability for materials borrowed on any library card issued from this application. Responsibility for the choice of materials borrowed rests with the persons whose signatures appear on this application and not with the Sandusky Library. Additionally, signing this certifies that the parent/guardian has read the Parent/Guardian letter and was given in print form information about Internet safety for children and teens. I understand that only personal information that is required to obtain a library card is being collected and that such information is accessible by all CLEVNET member libraries.

APPLICANT SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE
(if applicant is under 18 years of age)

SERVICE AREA:

STAFF:

DATE: