

Sandusky Library Application for Library Card

ALL APPLICABLE FIELDS ARE REQUIRED

Card Number _____

NAME:
First Middle Last

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

City State Zip Code

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

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.

APPLICANT SIGNATURE

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

SERVICE AREA:

STAFF:

DATE: