

OCUSD 220 Smart Card Partnership Public Library Card Registration

Patron: _____

Name (*last, first, middle*) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birthdate (*mm/dd/yyyy*) _____

Email _____

School _____

Reference (*supply the name of an individual who does not live at your address who would know how to contact you if we are unable to do so*)

Name _____ Phone &/or Email _____

Agreements: I understand I am responsible for all materials checked out on this account and for any charges that may result from late return, loss, or damage of materials borrowed. I agree to comply with library and internet use rules.

Signature _____

If Patron is under 18:

Custodial Parent or Guardian: I agree to be responsible for all materials borrowed by this applicant and for any charges that may result from late return, loss, or damage of materials. I accept responsibility for this minor's selection of materials and compliance with library rules.

Signature _____

Print _____

For Staff _____

Barcode: _____

Type of ID shown: _____

Today's Date: _____ Expire Date: _____ Staff: _____