

DATE: _____

ABBOTT LIBRARY – APPLICATION FOR LIBRARY CARD- YOUTH

Last Name First Name Middle Name Sunapee Resident: Yes or No (Circle one)

Mailing Address Town State Zip Email BIRTHDAY

Street Address Town State Zip Primary Phone Secondary Phone

Alternate Address Town State Zip Phone

- Check here to receive Advance Notice/Overdue/Hold notices by email
Check here to receive Library News notices by email
Check here to receive New Material notices by email

ADULT or CAREGIVER INFORMATION

Last Name First Name Mailing Address Town State Zip Phone

Email RELATIONSHIP

In signing this application I approve the issuance of a library card to my child and acknowledge my responsibility for its use. I understand that I am responsible for my child's selections, for change of address notifications and for all fines charged against my child's account for damaged or lost materials. I understand that my child's library record is confidential.

PARENT/CAREGIVER Signature: _____ Date _____

Holds Pickup Authorization Form

I understand the library's policy for protecting the privacy of its users and its responsibility for protecting library materials. I authorize the library to allow the patrons listed below to pick up any items on hold for me at the Abbott Library. These items for loan will be placed on my library card. I understand that I will need to notify a staff member to cancel this authorization, which I may do at any time.

Below, print the complete names of the authorized persons.

Person who is giving authorization: _____ (Signature)

Persons authorized to pick up materials for the above named person:

(Print Name)

(Print Name)

(Print Name)

(Print Name)

FOR LIBRARY USE:
Info entered on Koha completed
Note: Confirm account email notices & Pin #
Scanned Attached File
Library News email
Mark N/A if applicable
New Materials email
Mark N/A if applicable