

Abbott Library – Library Card Application

Card Type (check one): Resident (18+) Youth (0-13) Young Adult (15-17) Non-Resident (\$40)

Date: _____

DOB (required 0-17): _____

Last Name First Name Middle Name

Street Address:

Street Address Town State Zip

Mailing Address (if applicable):

Address or PO Box Town State Zip

Contact Information:

Phone (required)

Email (optional)

Optional Notices:

FOR LIBRARY USE:

- Verified Residence
__ ID __ Bill __ Mail __ Vehicle registration
__ Other (Specify): _____
- Verified Employment (if applicable)
__ Employee ID __ Paystub
__ Other (Specify): _____
- Verified School Attendance (if applicable):
__ School ID __ Report Card
__ Other (Specify): _____

- 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

I hereby agree to obey all the policies and regulations of the Abbott Library, to pay promptly all fines charged against me for the damage or loss of materials, and to give immediate notice of any change of address.

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)

ADULT or CAREGIVER INFORMATION (For Youth Cards or Young Adults that don't have residency verification)

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 _____

