

**Identification Required**

- Photo ID (e.g. Driver's License, State I.D. Card or School ID)
- Proof of Current Address (e.g. Driver's License , State I.D., Utility Bill, Checkbook with Pre-Printed Personal Checks etc... )

**Patron Information (Please Print)**

<b>Last Name</b>	<b>First Name</b>	<b>Full Middle Name</b>
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary Phone</b>		<b>Secondary Phone</b>
<b>Alternate Address (If different from mailing address, e.g. PO Box)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Birthdate</b>	<b>Circle One</b>	<b>Pin Number (4 digit number)</b>
Month ____ Date ____ Year ____	Male Female NA	

County of Residence \_\_\_\_\_ Municipality/Township of Residence \_\_\_\_\_

Email \_\_\_\_\_

I would prefer to be notified of my holds by:  Email  Phone  Text—Carrier \_\_\_\_\_

**ACCEPTANCE OF RESPONSIBILITY (READ CAREFULLY)**

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Juveniles (Age 5-15), PLEASE COMPLETE:**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please print Parent or Legal Guardian Name: \_\_\_\_\_

**TEACHER CARDS ONLY:** I understand all materials checked out on this card are for curriculum use only, not for personal reading or viewing interests. I have read through the teacher card policy and understand it's intended use. \_\_\_\_\_

Initials & Date

**FOR LIBRARY STAFF USE ONLY**

- |                  |                          |   |                       |
|------------------|--------------------------|---|-----------------------|
| New Registration | <input type="checkbox"/> | Barcode _____   |                       |
| 18+ Registration | <input type="checkbox"/> | Former Barcode # _____                                  | Staff Initials & Date |
| Address Change   | <input type="checkbox"/> | Patron Code _____                                       |                       |
| Name Change      | <input type="checkbox"/> | City of Hartford Aldermanic District<br>(Please Circle) |                       |
| Replacement Card | <input type="checkbox"/> | Rec. Center      City Hall      Library                 |                       |
| Restricted Card  | <input type="checkbox"/> | 1                      2                      3         |                       |
| Teacher Card     | <input type="checkbox"/> |   |                       |

Approved by Jack Russell Memorial Library Board of Trustees October 14, 2015; formatting updates 2/2/19 je; Board approval 7/13/2022