

# Jack Russell Memorial Library

## Library Card Application

**Identification Required**

- Photo ID (e.g. Driver's License, State I.D. Card or High 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>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> Month _____ Date _____ Year _____		<b>Circle One</b> Male   Female   Prefer not answer		<b>Pin Number (Minimum of 4 characters &amp; Maximum of 8 characters)</b>	
<b>Driver's License Number/ID &amp; State or Country where issued</b>					

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

Email \_\_\_\_\_

I would prefer to be notified of my holds by  Email    Phone

**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.

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

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

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

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

**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.

\_\_\_\_\_  
Patron Initials & Date

**FOR LIBRARY STAFF USE ONLY**

Initial when ID Checked: \_\_\_\_\_

- Photo ID    Proof of Current Address

Barcode \_\_\_\_\_

Profile \_\_\_\_\_

New Registration

Staff Initials & Date

User Cat 1 \_\_\_\_\_

Address Change

User Cat 3 \_\_\_\_\_

Name Change

Replacement Card

User Cat 4/City of Hartford Voting District  
(Please Circle)

Teacher Card

Approved by Jack Russell Memorial Library Board of Trustees

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Restricted Card

October 14, 2015