



# Library Card Application

All fields in red are required.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix (Jr. Sr., II, and III): \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Provide email address to receive courtesy reminders, holds, and overdue notices

\_\_\_\_\_ I want to receive the KCPL monthly e-newsletter with updates about library events and news

## Requesting cards for children under 18 living at the same address?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Alternate Address

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## Responsibility Agreement:

- I understand that the presentation of the assigned physical or digital library card will allow checkout of physical and digital items, as well as access to other library services such as library public computers and IDEA Lab.
- I understand that I am responsible for all items checked out on this account, including items checked out with a lost or stolen card up until the time I report the problem to the library. I agree to notify the library of any changes in the information provided on this form and to report any unauthorized use of my library account.
- I agree to observe all library policies and procedures and to promptly pay all charges incurred by the use of this card, including but not limited to library fees, long overdue fees and lost and/or damaged bills. Unpaid balances may be turned over to a collection agency.
- If this application is for a child under 18 years of age, I certify that I am the legal guardian of this child.
- I understand that the library provides all library users access to a broad range of materials and information including but not limited to print, digital, and internet access. I understand that as legal guardian I am responsible for all library resources and materials, including the internet utilized by the minor child.
- The library is authorized to share information from this library account with the person(s) listed on the Authorization and Consent to Share Library Account Information form. The legal guardian signing an application for a child under 18 years of age will be listed on the account at the time of registration as authorized to review information on the account.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant or Legal Guardian if applicant is under 18 years of age

Please print name if signing for child under 18 years of age: \_\_\_\_\_

## STAFF USE ONLY

ID provided: \_\_\_\_\_

Consents entered: \_\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

New User ID#: \_\_\_\_\_

New User ID#: \_\_\_\_\_

Previous ID: \_\_\_\_\_

New User ID#: \_\_\_\_\_

Staff Initials: \_\_\_\_\_



## Authorization and Consent to Share Library Account information

By signing below, I authorize the library to share information from my account \_\_\_\_\_  
with those listed below. I acknowledge that: Library Card # \_\_\_\_\_

- I am 18 years or older.
- Designated person(s) are 18 years or older.
- Up to four people may be authorized at any given time.
- Designated person(s) may:
  - a. Check out items on my account by presenting a physical or digital library card.
  - b. May pay any unpaid balances.
- On minor cards where the legal guardian is listed as the first consent, the consent must be reauthorized when a patron moves from a minor status to an adult status.
- Names listed below are kept as part of the library account information. The library must be notified if you wish to make any changes.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 18 years or older? ☐

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 18 years or older? ☐

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 18 years or older? ☐

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 18 years or older? ☐

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant – or Legal Guardian if applicant is under 18 years of age**

**Print name:** \_\_\_\_\_

### STAFF USE ONLY

ID Presented: \_\_\_\_\_

Consents Entered: \_\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Initials: \_\_\_\_\_