



THE
PUBLIC
LIBRARY
of Cincinnati
and
Hamilton County

LIBRARY CARD APPLICATION / UPDATE FORM

Today's Date _____ / _____ / _____

Note: Those applying for a Child Only or Teen Only card need to fill out the first six lines; phone and email are optional. Internet Only card applicants need to fill out the first six lines and sign the borrower's agreement on the back.

Birth Date _____ / _____ / _____
MM DD YYYY

Please Print Clearly

Name _____
First MI Last

Mailing Address _____
Street or P.O. Box Apt

City State ZIP - _____

County _____

Phone (_____) _____ - _____

Street Address if different from above or Address of Parent/ Legal Guardian if different from above

Street _____ Apt _____

City _____ State _____ ZIP _____ - _____

Phone (_____) _____ - _____ E-mail _____

How do you want to receive information about this account? *If you sign up for email or text message, you will also receive courtesy notices before items are due, before your library card expires, and before your card is blocked due to an unresolved missing item. (check one)*

- Phone
- E-mail _____
- Text Message Cell Phone (_____) _____ - _____ Cellular Service Provider _____

Please check here if you do not want to receive the Library's monthly e-update.

May we share your address, phone number, and e-mail address with the Library's Foundation & Friends' groups for fund-raising purposes?

Yes No

Are you a teacher or educator applying for a Library card with educator status?

Yes No School Name (If applicable) _____

School Phone (_____) _____ - _____

Your e-mail at School _____

The Library will use the personal information you provide for official purposes only. We do not sell our list of account holders to other organizations or groups.

BORROWER'S AGREEMENT

Read Before Signing!

I agree:

- To be responsible for all materials borrowed with my card.
- To pay all fines and fees associated with my card.
- To report the loss, theft, or abuse of my card immediately. I understand that I am responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen.
- To report changes in my account information.
- This is my only Library card from the Public Library of Cincinnati & Hamilton County.

Providing false information in this application is a felony of the third degree punishable by up to five years in prison and a fine of up to \$10,000. ORC 2913.42.

Your Signature:

X _____ Date _____

PARENT/GUARDIAN AGREEMENT

Select the profile for this borrower (required):

_____ Unlimited Access: Borrower will be able to check out all circulating materials, including all videocassettes and DVDs.

_____ Limited–No Videos: Borrower will be able to check out all circulating materials except videocassettes and DVDs

_____ Limited–Juvenile: Borrower will be limited to checking out materials cataloged for children.

As a parent or legal guardian of this borrower under the age of eighteen, I agree:

- To be responsible for this borrower's selection and use of library materials.
- To pay all fines and fees associated with this card.
- To report the loss, theft, or abuse of this card immediately. I understand that I am responsible for all fines and fees and any items checked out on this card prior to being reported lost or stolen.
- To report changes in this account's information.

Applicants under the age of 18 will be required to complete a new library card application upon turning 18.

Providing false information in this application is a felony of the third degree punishable by up to five years in prison and a fine of up to \$10,000. ORC 2913.42.

Name and Signature of Parent/Guardian:

(Please Print) _____
(Last) (First) (MI)

(Please Sign) X _____ Date _____

FOR OFFICE USE

___ New Application ___ Update ___ Internet Only
___ Child Only ___ Teen Only ___ Downloadable Only

Did You Verify:

___ Address? ___ Photo ID? (18+) ___ Reciprocal Library Card?
___ Educator Status? ___ Age/Card Profile? Staff Name _____ Location _____

LIBRARY CARD NUMBER

affix bar code or write number here