

# APPLICATION FOR JOHNSON COUNTY PUBLIC LIBRARY CARD

Last Name		First Name		Middle	Birthdate     /     /		M or F
Home Address				City		State	Zip
County	Township	Driver's License #		Email Address <b>(To receive hold and due date notifications more quickly)</b>			
Home Phone	Work Phone	Cell Phone					
Current School / College		Current Address (if different from home address)		City	Phone	State	Zip

## PLEASE READ CAREFULLY AND SIGN

By signing below, I accept responsibility for all materials borrowed on the Library Card / my Child's Card issued through this application. I agree to abide by the Library's policies and pay all fines and fees for overdue, lost, stolen or damaged materials borrowed using my Card / my Child's Card. I agree to notify the Library immediately if my Card / my Child's Card is lost or stolen, or when any of the information I have given changes. I understand that this card can only be used by the applicant.

Applicant's Signature	Date
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## PLEASE COMPLETE IF APPLICANT IS UNDER AGE 17

1. The library does not act in loco parentis. *(The library does not act in the place or role of parent)*
2. It is the guardian's responsibility to monitor the applicant's materials selection and viewing choices.

Parent / Legal Guardian's Name     (Please Print)		Phone #	Parent / Legal Guardian Driver's License #	
Home Address		City	State	Zip
The applicant has my permission to check out videos and DVDs, which include <b>G, PG, PG-13, NR, M,</b> and <b>R</b> rated titles. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <i>The Video/DVD policy is available upon request.</i>				
The applicant has my permission to use a computer with Internet access. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <i>The JCPL Internet &amp; Computer Use policy is available upon request.</i>				
Parent / Legal Guardian's Signature				

## FOR LIBRARY USE ONLY

User ID:	User Category 2:	ExDate:
User Profile:	Notes:	Date Mailed:
User Category 1:	PLAC #:	