

Library Card Application

(member of South-Central Library System)

ID Required:

Photo ID & Proof of Address

NAME: _____
Last First Middle Initial

BIRTHDATE: _____
Month/Day/Year (Preferred first name if different from above)

RESIDENTIAL ADDRESS: _____
Street City or Village Zip Code

MAILING ADDRESS IF DIFFERENT THAN RESIDENTIAL: _____

PHONE: _____ **EMAIL:** _____

I PREFER TO BE NOTIFIED OF HOLDS BY: Email Text Phone call No notice (circle one)

I PREFER TO PICK UP MY HOLDS AT THE FOLLOWING LIBRARY: _____

I WOULD LIKE TO HAVE PRE-OVERDUE NOTICES SENT TO EMAIL: Yes or No (circle one)

I WOULD LIKE TO RECEIVE EMAIL NEWSLETTERS FOR THESE TYPES OF EVENTS AND SERVICES:
(circle choice) Adult Children Teen Library News Tech Classes Friends of the Library

ACCEPTANCE OF RESPONSIBILITY: PLEASE 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 report my card lost or stolen.
- I will report a card lost or stolen and any change of personal information.
- I will comply with library rules and policies.
- I understand there may be charges for lost, damaged or stolen library materials.
- I understand that the library provides access to a broad range of resources and it is my responsibility to judge for myself and my children or dependents what resources are appropriate for me and our personal use.

PATRON SIGNATURE: _____ **DATE:** _____

FOR JUVENILES (0-13) PARENT OR GUARDIAN SIGNATURE: _____

Please print parent or guardian name: _____

**SEE BACK OF THIS FORM TO CREATE ADDITIONAL LIBRARY CARDS AND ACCOUNTS FOR CHILDREN/MINORS
CHILDREN WILL RECEIVE THEIR OWN LIBRARY CARD AND ACCOUNT:**

NAME: _____
Last First Middle

BIRTHDATE: _____
Month/Day/Year

STAFF: Barcode created: _____

NAME: _____
Last First Middle

BIRTHDATE: _____
Month/Day/Year

STAFF: Barcode created: _____

NAME: _____
Last First Middle

BIRTHDATE: _____
Month/Day/Year

STAFF: Barcode created: _____

HOLDS PICKUP AUTHORIZATION: We authorize the library to allow listed patrons to pick up each other's holds at any South-Central Library System Library including Middleton. We understand that the person present must provide their own library card or ID to confirm approved access, but the items will be checked out to the person who placed the holds and they will be responsible for the materials checked out on their card. Please let library staff know if this holds pick up authorization should be canceled at any time.

____ Check (X) here if you would like holds pick up authorization for children/minors listed above.

FOR LIBRARY STAFF ONLY:

Patron Type: _____

Staff Initials: _____

Proof of Address Confirmed (X): _____

PSTAT: _____ or UNDETERMINED (X) _____

Patron has card with the following barcode: _____