

LIBRARY CARD APPLICATION

• SOUTH CENTRAL LIBRARY SYSTEM

IDENTIFICATION REQUIRED:

- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Current Address** (i.e. Driver's license, state I.D., recent mail, checkbook)

PATRON INFORMATION (please print):

Name: _____
Last First Middle

Birthdate: ____ / ____ / ____ Female Male N/A Age Group: 0-17 18-61 62+
Month Day Year

Mailing Address: _____
Street, RR/Fire Number or P.O. Box City or Village State Zip

County of Residence: _____ Township: _____

Do you live in the Monroe School District? (Circle one) YES NO

Residential Address: (Complete if different from mailing address)

Street, RR/Fire Number or P.O. Box City or Village State Zip

Email _____ Check for 2 day Pre-overdue notice (only via email)

Phone (____) _____ Cell (____) _____

I would prefer to be notified of my holds by: [CHOOSE ONE]

- Email (same day notification)
- Text (next day notification, cell phone only)
- Phone call (next day notification) Select one: Cell Land line
- No hold notices

I prefer to pick up my holds at: _____
(Name of Library or Bookmobile stop)

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 0-15), PLEASE COMPLETE:

Parent or Legal Guardian Signature: _____

Please print Parent or Legal Guardian Name: _____

FOR LIBRARY STAFF USE ONLY:

Type of registration:

___ New patron ___ Address change
___ Lost ___ Renewal
___ Name Change (Former name _____)

Staff initials/LIB verifying ID: _____

Proof of current address

Patron Category: _____

PSTAT (Sort 1): _____

Photo ID type: _____

(optional) ID #: _____

Send application to library of residence: _____

___ Patron has been issued card with barcode _____ from _____.

Holds Pickup Authorization

Date: _____

We understand the library's policy for protecting the privacy of its users and its responsibility for protecting library materials. We authorize the library to allow the listed patrons to pick up each other's holds at any South Central Library System ILS Library. We understand that the person checking out materials must present their own library card and that this person will be responsible for the materials they have checked out on that card.

Below, print the complete name and library card numbers for each person involved. Return the completed form to the library. Once the form has been received, staff will enter the information into the computer system as quickly as possible.

NOTE: Please notify staff at the checkout desk if the authorization should be cancelled.

(Print Name) 29078 _____

(Signature)

(Print Name) 29078 _____

(Signature)

(Print Name) 29078 _____

(Signature)

(Print Name) 29078 _____

(Signature)

(Print Name) 29078 _____

(Signature)

STAFF ONLY To add a Hold Pickup Authorization, add a new message and choose Hold Pickup Authorization from the drop-down menu. Type in the name of the person(s) for whom the displayed patron is permitted to pick up holds.