

Student Library Card Application

Dear Teachers:

Barcode:

Staff Initials: ____

Rev. 04/19

We encourage all students to register for a Library Card. Please print this application for any students who do not already have a library card. Parents must fill out the Library Card Application below with their signature and a printed copy of their valid photo ID. Please turn in all applications to the Library you will be visiting 2 weeks before your scheduled tour.

Students must be present to receive their card at the tour. We look forward to introducing your students to the wonders of the Library! Sincerely, Osceola Library System Youth Librarians Teacher Name School Name **Choose One:** My child's application is below My child has a Library Card Child's Last Name Child's First Name Middle Initial Parent's Address Apartment # Zip Code Child's Birth Date City/State Alternate Street Address (Required if PO Box used above or if temporary resident) City/State Zip Code Email 4 digit PIN (If left blank defaults to Year of Birth) Preferred Library Phone carrier _____ Use of this card indicates that I understand that I am responsible for all resources checked out to this account. I agree to pay all fees which may accrue to this account and I understand that failure to do so may result in a blocked account status. I understand that this card is not transferable. I will notify the Library immediately of the loss of this card or change of address. According to Florida Statute 257.261, public library registration and circulation records are confidential except in accordance with a proper judicial order. Email addresses not protected under Statute. Parent Signature: _____ Date: Parent Name (please print): STAFF USE ONLY Patron Code **Statistical Class** Date: ___/___ Public Adult Osceola

NonRes

NonResWork

NonResSchl

Reciprocal

NonResFee

Orange

Brevard

Lake

Polk

Juvenile __