Student Library Card Application

the Osceola Library system

Dear Teachers: 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 Team

*Note: Students attending Osceola County public schools already have an OLL Access Pass, granting them access to Library resources. To learn more, **visit osceolalibrary.org/oll-access-pass.** This form can still be used for homeschooled or private school students.*

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 # _____   Phone _____

City/State _____   Zip Code _____   Child's Birth Date _____

Alternate Street Address (Required if PO box used above or if temporary resident)

City/State _____   Zip Code _____   Phone _____

Email _____

4-digit PIN for Library Card (if left blank, defaults to year of birth) _____   Preferred Library _____

What is your preferred contact method? ☐ Email ☐ Phone ☐ Text   Text 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 are not protected under the Statute.

Parent Signature _____   **Date** _____

Parent Name (please print) _____