

	_				
STAFF USE ONLY					
Date:					
Staff Initials:					
BARCODE: 21397000					
PIN:					

Library Account Registration Form

PLEASE FILL OUT APPLICATION COMPLETELY. APPLICANT MUST SHOW CURRENT IDENTIFICATION.

PATRON INFORMATION IS CONFIDENTIAL AND IS USED FOR STATISTICAL PURPOSES ONLY.

GENDER	PATRON TYPE	<u>COUNTY</u>	COUNTY	
(0) MALE (1) FEMALE (3) NONBINARY	ADULT (18+) CHILDREN'S (under 18) **Please see additional info on reverse**	 COL Columbiana MAH Mahoning OTH Other 	□ STA Stark	
Last Name:	First Name:		Middle Initial:	
Preferred Name:		Date of Birth:		
Address:				
 Phone:		cell	□ home □ OK to text	
Email:				
brary newsletters. The Library or give its list of account holde	ss you will receive the following: courtesy will use the personal information you pro ers or email addresses to other organizati	vide for official use only.	The Library does not sell	
Notice Preference: How ma	y we best contact you?			
Standard (phone)	No Notices	SMS_Em email	SMS_Email both text message and email	
🗆 Email	SMS text message	Cindii		
I understand that I must co	ntact the Library to update any of the	e information above.		
Your Initials				
I understand that I waive m friend to pick up "holds" for	ny right to patron confidentiality when me (implied consent)	I convey my library car	d to a family member/	

LOUISVILLE PUBLIC LIBRARY PERMISSION FORM

Effective 10-5-2000, the newly enacted patron confidentiality law Section 149.432 of the Ohio Revised Code protects all records of library patrons.

To comply with this law, the Louisville Public Library needs a patron's permission to allow another person (spouse, family member, friend, etc.) to access his/her record and/or check out materials for that patron.

This does not apply to minors (persons under 18 years of age). The parent, guardian, or custodian of a child has the right of access to the child's records.

I give my permission for the following people to access my patron records and check out materials for me:

I understand that I must notify the library of any authorization changes.

Your Initials

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR MATERIAL BORROWED WITH THIS CARD, PAY ALL FINES/ CHARGES FOR THE LATE RETURN, LOSS OF, OR DAMAGE TO ALL MATERIAL BORROWED ON THIS CARD, AND REPORT LOST/STOLEN CARD IMMEDIATELY.

APPLICANT SIGNATURE

**TO BE FILLED OUT BY PARENT/GUARDIAN OF BORROWER UNDER AGE 18

In signing this application form, I recognize that I am responsible for the selection and care of my child's reading, listening, and viewing material. I accept the responsibility for all materials borrowed on my child's card, agree to pay all fines and/or damages charged to my child, and to give prompt notice of any change of address. I recognize that the library is not responsible for my child when left unattended.

SIGNATURE OF PARENT/GUARDIAN

Please print Parent/Guardian Name

DATE

*Video Games

If you would like your child to have permission to check out "Teen" and "Mature" Video Games on their own card, the library card will need to be issued as an Adult Card unless the child has permission on your account to check out "Teen" and "Mature" Video games which you can specify on the lines above. **Please initial on line below if you want your child to have an Adult Card.**

I would like my child (Age 17 or younger) to have an Adult library card issued.

_Your Initials

I acknowledge that my child will be permitted to check out "Teen" and "Mature" Video games as well as Rated "R" movies and all other materials permitted for Adult account holders to check out.

Your Initials