

HARRISON MEMORIAL LIBRARY REGISTRATION FORM

Surname: _____ First Name: _____
(last)

Main Address: _____
(mailing address)

(city) (state) (zip)

My e-mail address is: _____
(PLEASE PRINT CAREFULLY)

Phone: _____ Cell phone: _____

Alternate address: _____
(physical address)

(city) (state) (zip)

Driver's License #: _____
(information goes in the **Circulation note box**)

I understand it is my responsibility to keep my phone number, address, and e-mail address current with the library. I agree to obey the rules and regulations and to be responsible for all fines and fees incurred for overdue materials and lost or damaged items.

Signature _____

My address and e-mail may be given to the Carmel Public Library Foundation and/or the Friends of the Library for mailings: _____ Yes _____ No

FOR PARENTS OF PATRONS UNDER THE AGE OF 14:

Library policy provides equal access to materials and resources, including the Internet, to people of all ages. It is the parent's responsibility to monitor the selection and use of library materials and resources.

I understand that my child is applying for a library card and I accept responsibility to ensure that the child follows the library rules.

California law (Gov. Code Section 6267) gives library patrons the right to privacy regardless of age. The Library can release information on what is checked out only to the cardholder (your child).

NAME: _____ PARENT NAME: _____
(please print) (info goes in the Circulation note box)

Signature of Parent/Legal Guardian: _____

Drivers License # _____

FOR STAFF USE ONLY:

Date: _____ Staff initials: _____

_____ (6-14 yrs.) JUV _____ (15-18 yrs.) YA _____ (Adult) _____ (Visitor)

OPAC/Staff Login: Username _____ Password _____
(library card #) (PIN # last 4 digits of phone number)