

OCUSD 220 SMART CARD PARTNERSHIP

PUBLIC LIBRARY CARD REGISTRATION

PATRON

NAME (last, first, middle)

ADDRESS

_____ APT/UNIT _____

CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTHDATE (M/D/Y) _____

EMAIL _____

SCHOOL _____

REFERENCE (supply the name of an individual who does not live at your address who would know how to contact you if we are unable to do so)

NAME _____ PHONE &/or EMAIL _____

AGREEMENTS:

I understand I am responsible for all materials checked out on this account **and** for any charges that may result from late return, loss, or damage of materials borrowed. I agree to comply with library and internet use rules.

SIGNATURE _____

IF PATRON IS UNDER 18

**Custodial Parent or
Guardian:**

I agree to be responsible for all materials borrowed by this applicant **and** for any charges that may result from late return, loss, or damage of materials. I accept responsibility for this minor's selection of materials and compliance with library rules.

SIGNATURE _____

PRINT _____

FOR STAFF _____

BARCODE: _____

TYPE OF ID SHOWN: _____

TODAY'S DATE: _____ EXPIRE DATE: _____ STAFF _____