

UTICA PUBLIC LIBRARY
Application for Library Card – Youth (0-13)

A library card allows you to borrow materials from the library and to have access to the public computers in the library. The card is your identification and is not transferable. Library records which contain names or other details about library users are confidential under NYS law.

PLEASE PRINT

NAME

Last Name: _____ First Name: _____ MI: _____
(full middle name, if used)

Suffix: _____
(Jr, Sr)

Birth Date: _____ / _____ / _____ School/Grade : _____
(month) (day) (year)

MAILING ADDRESS

Care of (parent(s) or guardian(s)- **(REQUIRED)**): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-Mail : _____

DEMOGRAPHICS- Please help us know you better: *(Optional information)*

Language (primary reading): _____

PLEASE READ CAREFULLY AND SIGN

I agree to observe all rules established by the library, including, but not limited to, its Rules of Conduct and Internet Access Policy. I will be responsible for all materials borrowed on my card. I agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost, or if I change my name or address.

Youth Applicant's Signature _____

Date: _____

TO BE COMPLETED BY STAFF

Staff: _____ Date: _____