

Garrison Public Library Library Card Application

Please Print Clearly

Last Name:	First Name:	Middle:
Mailing Address:		
City:	County:	Zip:
Residential Address: (if different than above)		
Birthdate:	Phone:	Grade:
Notify me by <input type="checkbox"/> US Mail <input type="checkbox"/> Email:		

Acceptance of Responsibility (read carefully)

I agree to:

- be responsible for all materials checked out on my library card
- report a lost or stolen library card immediately;
- report any changes in personal info (name, address, email, phone) immediately;
- comply with all library rules and policies;
- pay promptly any charges for overdue, lost, damaged or stolen materials.

Patron Signature: _____

For Parent/Guardian of minor patron

Parent/Guardian Full Name: _____

Address: (if different than above) _____

DVD/VR/Computer/Internet Access

- | | |
|--|-----------------------------|
| <input type="checkbox"/> My child has permission to check out DVDs | <input type="checkbox"/> NO |
| <input type="checkbox"/> My child has permission to use the computer/internet | <input type="checkbox"/> NO |
| <input type="checkbox"/> My child has permission to use the Oculus VR (middle school+) | <input type="checkbox"/> NO |

(Child will abide by the library's Computer & VR policy or usage will be terminated)

SIGNATURE of PARENT/GUARDIAN _____

STAFF USE ONLY

Barcode:	Profile: <input type="checkbox"/> Adult <input type="checkbox"/> YA <input type="checkbox"/> Middle <input type="checkbox"/> K-5 <input type="checkbox"/> Preschool
Enrich Iowa: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other	Card Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by: _____	
<input type="checkbox"/> New <input type="checkbox"/> Replacement (\$2 paid) _____	Date: _____