

# SARASOTA COUNTY LIBRARY SYSTEM

## Library Card Application

***Please print***

Last Name:	First Name:	Middle Name:	Birth Date:
Local Address (number, street, P.O. Box, Apt #)			
City:	State:	ZIP Code:	County (if other than Sarasota):
Telephone Number (with area code) (       )		E-mail Address:	
Permanent Address (if different than above):			Telephone Number (with area code) (       )
City:	State:	ZIP Code:	

***This section is to be completed by a parent or legal guardian if the applicant is under the age of 18.***

***Please print***

Last Name	First Name	Middle Name
Address		Telephone Number: (       )

***Please read this before signing!***

I verify that the above information is correct. I am aware that by signing this application, I assume responsibility for all use of this card, including internet usage and internet use policies. I agree to pay fines for any items returned overdue and to pay replacement charges for any materials lost, damaged or stolen on this account. I agree to report immediately the loss of this card; otherwise the library will assume its use to be authorized by me. The fees for three, six or twelve month non-resident library cards are non-refundable.

The Sarasota County Library System has an open access policy. Parents or guardians, not library staff, are responsible for library materials and Internet resources selected and used by children.

Signature of Applicant	Date	Signature of Parent or Guardian (If applicant is under 18)	Date
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Patron Barcode	Staff Initials
Replaces Barcode	Today's Date