

LIBRARY CARD APPLICATION

Photo ID and proof of current residence are required.
If under age 18, a parent/guardian with photo ID and proof of residence must be present.

PLEASE PRINT.

LAST NAME: _____ FIRST NAME: _____ MI: _____

AGE (PLEASE CIRCLE ONE): 0-12 13-17 18-54 55+ WPUSD SIERRA COLLEGE

MAILING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (_____) _____ ID/DRIVER'S LICENSE #: _____

E-MAIL ADDRESS _____

Please do not e-mail me about library programs and events

By signing this application, I agree to abide by the Lincoln Public Library's Cardholder Agreement.

Signature of applicant: _____

Signature of parent/guardian: _____

For Staff Use

Date: _____ Card #: _____ Stat. Cat. _____ Initial: _____

LINCOLN PUBLIC LIBRARY CARDHOLDER AGREEMENT

The Lincoln Public Library card I received today is issued to me, an individual. The card should be used only by me. The card must be presented by me, the cardholder, to access my record, borrow materials, or use the Internet.

As a cardholder of the Lincoln Public Library I have been given the following privileges:

- To borrow circulating library materials, regardless of format
- To use library resources such as interlibrary and system reference referral
- To access the Library's Internet workstations

In order to ensure these privileges I agree

- To return in good condition all materials borrowed
- To make timely payment of fines or fees for any overdue, damaged, or lost materials
- To report a lost or stolen card and any changes in name, address, phone, or e-mail immediately
- To pay all charges until the card is reported lost
- To pay all charges on the card as the result of lending the card or library materials to another individual
- To follow all library policies, procedures, rules, and guidelines

Failure to abide by this agreement will revoke my library cardholder privileges.

If applicant is under 18: As the parent or guardian of the child listed on this application, I understand that this card entitles my child to the privileges stated above. I agree to teach my child to abide by the Lincoln Public Library Cardholder Agreement. I am aware that confidentiality laws limit the information staff can share with me about my child's library use.