DELAWARE LIBRARY CARD APPLICATION

PLEASE PRINT CLEARLY

Basic Information

Last Name:_____

First Name:_____ Middle Name:_____

Please choose a four digit Personal Identification Number (PIN) to be used for gaining access to your library's digital services.

Choose any FOUR digit number:

PIN: _____ _____ _____ _____

Gender (circle): M F Birthdate (Month/Day/Year)*:_____ / _____ / _____

*If patron is under 18 years old, fill out Parent/Guardian Information Section

Contact Information Please indicate preferred method of contact: Phone Email Text (circle one)

Main Telephone:_____ Home Cell Work (circle one)

Mailing Address:_____

City:_____State:_____Zip:_____

Email:_____

Secondary Address *(if different from mailing address)*:_____

City:_____State:_____Zip:_____

Secondary Telephone *(if different from main telephone)*:_____Home Cell Work (circle one)

I would like to receive text messages on my mobile phone for (check all that apply):

____Overdue Notices ____Hold/Pickup Notices ____ Messages

Phone Number for text messages:_____

I agree to report a lost card or change of contact information immediately. I further agree to pay all charges for overdue, lost, or damaged items checked out on this card and to observe all library policies.

Signature (if 18 or older):_____

***Parent/Guardian Information**

Name of Parent/Legal Guardian:_____

I have read the Library's Internet Policy and wish to give my child the following access to the Internet or other online services:

Internet Access (check one): ____Full ____Limited (Library supplied databases and software only)

I understand that the Library does not accept responsibility for my child's choice of Library materials and that I am responsible for the materials borrowed by my child and any fines or fees accrued on the account until the youth turns 18. At that time, any outstanding charges on the youth card will be transferred to my adult library card account.

Parent/Guardian Signature:_____

For Staff Use Only

Staff Initials: _____ Date:_____

ID Used:_____ Barcode:_____

City of: ____Dover ____ Harrington ____Milford School District ____Smyrna ____ Seaford

Profile Name if not Resident: ____NONRES ____NRPO ____Temp ____Other