sandiegocountylibrary

Library Card Application

Please Print Clearly (La solicitud en español está al dorso) www.sdcl.org

First Name (Full Legal Name)	Middle Name (Required)	Last Name
Mailing Address (Duty Station if Military)		Apt/Space/Unit No.
City	State	Zip Code
Telephone: Home: ( ) -	Work: ( ) -	
E-Mail Address:		Birth Date: Month/Day/Year (Required if under 18) / /
Parent or Guardian of Applicant under Age 18		
First Name	Middle Name (Required)	Last Name
Address (If different from applicant)		Apt/Space/Unit No.
City	State	Zip Code
Children under the age of 18 must have parental permission to use the Internet when their parent/guardian is not with them. Would you like to complete an Internet Parental Consent Form? ☐*Yes* ☐*No*		
Parents of minor children may request restrictions on their child's account to prevent checking out "R" rated DVDs / Videos – Do you wish to restrict your child's account? ☐*Yes* ☐*No*		
Residential Address If Different from Above		
Residential Address		Apt/Space/Unit No.
City	State	Zip Code
Acceptance of Responsibility		
• **I will be financially responsible for all materials borrowed and any fines accrued on this card.** • **I will report a lost card or any change in address immediately.** • **Parents are solely responsible for their child's use of library materials.**		
I would like to receive information concerning Library services from library support organizations. ☐*Yes* ☐*No*		
Signature of APPLICANT**:**		
Signature of PARENT/GUARDIAN:		
STAFF USE ONLY		
Home Branch:	Barcode	Address Verified? Yes No Picture ID Verified? Yes No Parent's Account Checked for Customer in good standing? Yes
Patron Code: AD JV NA NJ HB IN TR JI ML		Juvenile to Adult
Application Taken By: Date:	Registration Input By: Date:	Final Check By: Date: