

PUBLIC LIBRARY OF NEW LONDON LIBRARY CARD APPLICATION

Birth Date _____ Gender: ___Male ___Female
First Name _____ Last Name _____ Middle Name _____
Mailing Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Telephone (Primary) (_____) _____ - _____ (Alternate) (_____) _____ - _____
E-mail _____ Notification Preference* ___Phone ___E-mail

*Automatic notification of overdue/reserve items will be sent to you by phone or e-mail. Notices for billed items will be sent by standard US mail.

I would like to receive the following E-news updates from the library: (Circle all that apply)

Weekly E-Notes Children's Room Non-Profit Resource Center Teens No, thank you

Secondary Address _____ Apt. # _____
(If different from mailing address)
City _____ State _____ Zip Code _____

PART ONE

Confidentiality:

It is the policy of the Public Library of New London that all library records are kept confidential and only shared with the cardholder and/or as a result of appropriate legal orders. If you wish others to have access to your account, please indicate below:

I agree that the following individuals have the ability to pay fees and/or pick up reserve items on my account with proper identification and my library card. All other account information will remain confidential. *I can change or void this list at any time by presenting identification to the library & requesting that individuals be removed or added to the list. This request must be made in person.*

First Name _____ Last Name _____ Middle Initial _____ Relationship _____
First Name _____ Last Name _____ Middle Initial _____ Relationship _____

I understand, by my signature, that I am responsible for the use of this card and any related charges per the library's policies. I certify that I am legally responsible for any minor child(ren) on this application and all materials borrowed on this card. I further understand that library staff will not monitor the use of this card and the borrowing of materials and/or computer usage of my child(ren).

Applicant/Parent/Guardian (Signature)

Applicant (if minor) Signature

STAFF ONLY:

Type of Card: **Adult** **Juvenile** **Student** **Teacher**
ID Presented: _____ ID #: _____ Exp. Date: _____
Barcode: _____ Exp. Date: _____
Staff Initial _____ Date: _____ Verified by: _____ Date: _____
Amount Fines Waives: \$ _____ Amount Replacement Waive: \$ _____
Teacher Card ONLY: Proof of New London School employment: _____
Notes: _____

TEACHER CARD

Please fill out Part One & Part Two

Home Library: _____

Personal Library Card #: _____

School Name _____

School Address _____

New London, CT 06320

School Telephone: _____

By signing this application I acknowledge that this card can only be used in at the Public Library of New London and that the materials I borrow with this card are only for classroom use. I am responsible for any fines and replacement fees for materials I borrow and that my card privileges can be revoked if I misuse this card.

Signature: _____

STUDENT CARD

Please fill out Part One & Part Three

Parent's Name: _____

School: _____

School Address: _____

Parent's State ID #: _____ Driver License #: _____

Passport #: _____

Expiration Date: _____

State/Country Issuing ID: _____

Parent or guardians assume full responsibility for materials charged out to this card, any fines or fees incurred and the behavior of the child. They agree to notify the library immediately of any change of contact information. The library does not provide filtered internet access. By signing this application, parents or guardians acknowledge that it is their responsibility to limit or allow their child's use of electronic resources, including the internet, at the library.

Parent/Guardian Signature: _____

TEACHERS MUST FILL OUT THIS PART FOR STUDENT CARDS:

I have verified that the information in this application matches the information I have on this student's school record.

Teacher Name: _____

Teacher Signature: _____