

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.

Secondary Address _____ Apt. # _____

(If different from mailing address)

City _____

State _____

Zip Code _____

Parent/Guardian Name _____

Child's School: _____

Would you like to receive periodic email updates from the library? Yes No

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. 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:

ID Presented: _____ ID #: _____ Exp. Date: _____

Barcode: _____ Exp. Date: _____

Staff Initial _____ Date: _____ Verified by: _____ Date: _____

MIDDLE INITIAL

FIRST NAME

LAST NAME