



Wadsworth Public Library

Verified by: _____ **OFFICE USE ONLY**

Staff Initials _____ Date _____

Type of Card (circle 1): Adult / Juv / Juv Rest # ____ / Staff

Library Card # _____

Library Card Application

NEW APPLICANT:

Adults (18 years of age and over) must present one photo I.D. with the current address such as Ohio driver's license or state ID. If license does not have current address, proof of address must be provided by bank check, lease agreement or a utility bill.

Minors under age 18 must have a parent or legal guardian present (adult must provide ID – see above)

(Please print)

Last Name _____ First _____ MI _____

Mailing Address _____ Apt # _____

City (OHIO) _____ ZIP _____

Home Phone: _____ Cell Phone _____ Birthdate ____/____/____

E-mail address (Used for library purposes only) _____

Library Notification Options – Please select an option to receive library notices:

E-Mail Text Message Both

PLEASE READ BEFORE SIGNING

As a library card holder, or parent/legal guardian of a minor library card holder, I will:

- Observe the policies of the Library
- Be financially responsible to promptly pay fines, fees, damage fees, and replacement costs charged against my account/minor's account for books and other library materials that are overdue, lost or damaged.
- Report the loss or theft of my/minor's library card immediately to avoid unauthorized use
- Notify the Library if there are any changes regarding name, address, phone or email.
- I understand that this card enables my child, under the age of 18, to borrow any item from the library collection (unless otherwise restricted), including books, videos, and other audiovisual materials.
- I realize that the responsibility of guiding the child in the selection and use of library materials belongs with me and is not the responsibility of the library.
- I may choose, at my own risk, to provide another person with my card for the purpose of collecting my holds at the self-checkout stations.

Parent/Legal Guardian Information

Last Name _____ First Name _____ MI _____

If different from applicant, please complete the following:

Mailing Address _____ Apt # _____

City (OHIO) _____ ZIP _____

Home Phone: _____ Cell Phone _____

I agree to these conditions and verify that all information on this application is correct.

Signature (Parent/legal guardian signature required for applicants under 18 years of age)

Please print name of parent/legal guardian

**PARENTAL LIMITED ACCESS TO MATERIALS FORM
(FOR PARENTS/LEGAL GUARDIANS OF MINOR CHILDREN)**

To be completed ONLY if you are limiting your child's access

I request that my child, who is under the age of 18, be DENIED access to the following:

- Music CD's/Audiobooks
- Videogames/DVDs
- Magazines

-OR-

- I request that my child only have access to books

-OR-

- My child may have unlimited access to all library materials

I request that my child, who is under the age of 18:

- Be DENIED access to all Library computers with internet

-OR-

- Be limited to the computers in the Children's Department only

(Please print)

Child's Name _____

Birthdate (required) ____/____/____ Library Card Number (required) _____

Address _____

- I am the child's parent/legal guardian

Print Name

Signature

Date

CHANGE OF LIMITED ACCESS CARD TO FULL ACCESS

To be completed ONLY if child's card was previously limited

- I wish to **CHANGE** my child's limited access library card to grant permission for full borrowing privileges. I understand this means my child will have access to **ALL** materials in the library's collection.
- I wish to **CHANGE** my child's limited access of Library computers to have access to **ALL** computers with internet.

I am the child's parent/legal guardian

Print Name

Signature

Date