



LIBRARY CARD APPLICATION

NAME: _____
LAST FIRST MIDDLE

BIRTH DATE: ____/____/____

PASSWORD: _____

Create your own password for computer use and account access. It must be at least 8 characters long.

RESIDENTIAL ADDRESS:

STREET (APT.) PRIMARY PHONE

CITY

STATE ZIP CODE COUNTY

EMAIL ADDRESS: _____

- Please send account notices by email.
- In addition, please send pickup notices by text.

MAILING ADDRESS (if different from residential address): _____

P. O. BOX OR STREET (APT.)

CITY STATE ZIP CODE

I hereby apply for the right to use the Knox County Public Library System. I agree to comply with all rules and regulations. I agree to promptly pay all fines and to make good any damage or loss of library materials incurred by use of my card. I agree to give notice within ten days of loss of card or change of address. I understand that failure to return materials may result in my account being turned over to a collection agency.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

LEGAL GUARDIAN SIGNATURE*: _____ DATE: ____/____/____

*NOTE: If the applicant is age 13 or younger, the signature of a parent or legal guardian is required acknowledging responsibility for the use of the child's card including fees and materials. This library card provides access to all library computers, including games and the Internet. The library subscribes to a filtering service that attempts to block offensive sites available on the Internet, but parents and guardians are still responsible for monitoring their children's use of library computers.

CONFIDENTIALITY: Except for statistical data, all personal information contained on this application is considered confidential and will not be disclosed, shared, sold, or otherwise distributed unless by individual court order.

OUT-COUNTY CARDS ONLY: An out-county card is available for a \$40.00 annual fee. Household members listed below will be authorized to use this card.

NAME: _____ NAME: _____

NAME: _____ NAME: _____

(STAFF USE) CARD # ISSUED: 40551 _____
