



LIBRARY CARD APPLICATION

LEGAL 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: _____

- Request checkboxes for email and text notices.

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...

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...

CONFIDENTIALITY: Except for statistical data, all personal information contained on this application is considered confidential...

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 _____

*Legal name per license or identification required to access account or get a replacement card.