10551				



YOUTH LIBRARY CARD APPLICATION

LEGAL NAME*				
LAST	FIRST	MIDDLE		
BIRTH DATE:/		PASSWORD		
Month Day Year RESIDENTIAL ADDRESS:	Create your own password for computer use and account access. It must be at least 8 characters long.			
RESIDENTIAL ADDRESS.				
STREET	(APT.)	PHONE		
CITY		_		
STATE ZIP CODE	COUNTY	_		
EMAIL ADDRESS:				
MAILING ADDRESS (if different from residential	address):			
		P.O. BOX OR STREET		
СІТУ	STATE	ZIP CODE		
I hereby apply for the right to use the Knox Coun regulations. I agree to promptly pay all fines and of my card. I agree to give notice within ten days return materials may result in my account being	to make good and of loss of card or	y damage or loss of library materials incurred by use change of address. I understand that failure to		
APPLICANT SIGNATURE:				
YOUTH CARD (Access to all print, juvenile at YOUTH RESTRICTED CARD (Access to juvenile GENERAL CARD (Access to all print, all median)	ile print and med			
LEGAL GUARDIAN SIGNATURE**:		DATE:/		
responsibility for the use of the minor's card incl computers, including games and the Internet. Th	uding fees and ma e library subscrib	arent or legal guardian is required acknowledging aterials. This library card provides access to all library es to a filtering service that attempts to block are still responsible for monitoring their minors'		

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

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.