



LIBRARY CARD APPLICATION

LEGAL NAME* _____
LAST **FIRST** **MIDDLE**

BIRTH DATE: ____/____/____
Month Day Year

PASSWORD _____
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

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:** ____/____/____

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:** _____

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