

GENERAL 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.

MAILING ADDRESS:

P.O. BOX OR STREET (APT.)

CITY STATE ZIP CODE

EMAIL ADDRESS: _____ TELEPHONE: _____

RESIDENTIAL OR KNOX COUNTY ADDRESS (if different from mailing address):

STREET (APT.)

CITY STATE ZIP CODE COUNTY

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.