

40551				

YOUTH LIBRARY CARD APPLICATION

LEGAL NAME*						
LAST	FIRST	MIDDLE				
BIRTH DATE://	PASSWORD	Create your own password for computer use and				
MAILING ADDRESS:		account access. It must be at least 8 characters long.				
P.O. BOX OR STREET		(APT.)				
CITY	STATE	ZIP CODE				
EMAIL ADDRESS:	ADDRESS:TELEPHONE:					
I hereby apply for the right to use the Knox of agree to promptly pay all fines and to make agree to give notice within ten days of loss of result in my account being turned over to a	e good any damage or loss of librar of card or change of address. I unde	y materials incurred by use of my card. I				
APPLICANT SIGNATURE:		DATE:/				
YOUTH CARD (Access to all print, juve YOUTH RESTRICTED CARD (Access to j GENERAL CARD (Access to all print, al	uvenile print and media ONLY)	•				
LEGAL GUARDIAN SIGNATURE**:		DATE:/				
LEGAL GUARDIAN NAME (please print):						

**NOTE: If the applicant is age 17 or younger, the signature of a parent or legal guardian is required acknowledging responsibility for the use of the minor'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 minors' 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.

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