Library Card Registration Form

**** Required information***

*Name:

Last Name First Name Middle Initial Suffix

*Date of Birth: Year: Month: Day:

E-mail: Is this a Parent/Guardian's email address? ☐ Yes

Email checkout receipts instead of printing? ☐ Yes

By providing your email address you agree to receive library account notifications such as hold pick-up, courtesy reminders, and overdue notices via email.

*Primary Phone: Alternate Phone:

*Mailing Address: Apt. #

*City/Town: *State: *Zip:

*Physical Address (*if different from above*):

*City, Borough, or Township: *School District:

When holds are ready for pick up, how would you like to be notified? ☐ Email ☐ Text Message (SMS) ☐ Phone Call

Phone number for texts: Phone Carrier (i.e. AT&T, Verizon, etc):

If opting into texts, message and data rates may apply.

I give permission for these individual(s) to do the following on my account without me present:

Name: ☐ Place Holds ☐Pick Up Holds ☐ Obtain Circulation Info ☐ Check out items

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· By signing you promise to abide by all library rules, to give immediate notice of change of address or telephone number, and to promptly pay any fines or damages charged to your account.
· Any child under 14 years of age must have a parent's or guardian's signature.
· Parents and guardians signing for borrowers under the age of 14 are responsible for overdue fines and lost or damaged materials incurred by their usage.
· Parents and guardians are responsible for monitoring the materials their children or wards borrow through personal interaction with the child.
· Unless compelled by law, the library is not permitted to release account information without permission from the account owner even when the account owner is a child.
· *If designated below*, I give permission for my child to use the library computers and/or access the Internet without my immediate supervision. They will lose access if they do not follow acceptable use policies (located online or at the circulation desk). I attest that I am theq child's legal guardian.

***Applicant Signature:** ***Date:**

Parent / Guardian Name & Signature:** **Internet Access Granted for Minor** *(under 18):** ☐ Yes ☐ No

Library use only:

Legal Name (if applicable): _____

Residency:	☐ *Lancaster County*	☐ *PA Resident Served Area*	☐ *Fee*
ID Type:	☐ *Driver's License*	☐ *State ID*	☐ *Other*:
Card Type:	☐ *Standard Card*	☐ *Welcome Card (6 mo)*	☐ *OSR Update*
Patron #:			Staff Initials:

Updated 8/2026