

**DERUYTER FREE LIBRARY**  
**Application for Library Card - Youth**

A library card confers privileges and carries responsibilities. Your application shows that you want the privileges and accept the responsibilities. **Responsibility for any supervision of your reading and your use of all the Library's resources in any format, including Internet access, belongs to your parent(s) or legal guardian(s).** The card is your identification and is not transferable. Library records which contain names or other details about library users are confidential under NYS law.

**PLEASE PRINT  
NAME**

Last name: \_\_\_\_\_, First name: \_\_\_\_\_ MI: \_\_\_\_\_  
(include jr or sr, if used) (full middle name, if used)

**MAILING ADDRESS (1)**

Care of (the adult you live with): \_\_\_\_\_

street: \_\_\_\_\_

city/state: \_\_\_\_\_ zip code: \_\_\_\_\_

home phone: \_\_\_\_\_ other phone (cell, second home phone): \_\_\_\_\_

e-mail (optional): \_\_\_\_\_

school: : \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

**PARENT/GUARDIAN NAME AND/OR ADDRESS (3) (If different than the above care of and address):**

last name: \_\_\_\_\_, first name: \_\_\_\_\_ MI: \_\_\_\_\_  
(include jr or sr, if used) (full middle name, if used)

street: \_\_\_\_\_

city/state: \_\_\_\_\_ zip code: \_\_\_\_\_

home phone: \_\_\_\_\_ other phone (cell, second home phone): \_\_\_\_\_

use for (specify season, months or other time period): \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN (Parent/Legal Guardian please read both paragraphs)**

**I agree to observe all rules established by the library, including, but not limited to, its Rules of Conduct and Internet Access Policy. I will be responsible for all materials borrowed on my card. I agree to pay fines or other charges imposed for late return, loss or mutilation of library materials. I will notify the library if my card is lost, or if I change my name or address.**

Youth Applicant's Signature \_\_\_\_\_

**As parent or legal guardian, I understand that responsibility for supervision of my child's selection of materials and use of all the library's resources in any format, including the Internet, belongs to me, not to the library staff.**

Parent's or Legal Guardian's Signature \_\_\_\_\_

**TO BE COMPLETED BY STAFF:** CARD NUMBER: \_\_\_\_\_

<p><b>Basic</b></p> <p>library: _____</p> <p>profile name: _____</p>	<p><b>Privilege</b></p> <p>PIN: _____</p> <p>change to the last 4 digits of primary mailing address home phone; inform customer.</p>	<p><b>Demographic</b></p> <p>Tax Code: _____</p> <p>County: _____</p> <p>Qualifier: _____</p>	<p><b>Type of registration:</b></p> <p>___ new</p> <p>___ re-registration</p> <p>___ change name/address</p> <p>___ worn, lost, stolen card</p> <p>___ other: _____</p>
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Library: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_