

LIBRARY CARD APPLICATION



YOUR INFORMATION

NAME _____
(First) (Middle) (Last) (Jr./Sr.)

GENDER _____ **BIRTHDATE** _____ **PHONE** _____
(MM/DD/YYYY)

ADDRESS CURRENT RESIDENTIAL ADDRESS

(House # and Street) (Apt.#)

(City) (State) (Zip Code) (County)

MAILING ADDRESS (IF DIFFERENT)

(House # and Street) (Apt.#)

(City) (State) (Zip Code) (County)

EMAIL _____

DRIVER'S LICENSE # _____

TERMS AND CONDITIONS

AS A PATRON OF MISSOURI RIVER REGIONAL LIBRARY, I AGREE:

- To be responsible for all items checked out on this card.
- To pay for damages to items checked out on this card.
- To pay the replacement cost of lost items.
- To have this card each time items are checked out or renewed, and to use the computer center.
- To report the loss or theft of card immediately.
- To not lend this card to anyone else.
- To accept responsibility for all fines incurred.
- To abide by present and future rules of the library, including computer and Internet access policies.

I UNDERSTAND THAT:

- All cards expire every two years; renewals are free of charge.
- The replacement cost of a card is \$1.00 if the card is lost or damaged.

SIGNATURE

CARD HOLDER'S SIGNATURE

Internet access: Allowed Not Allowed

DATE

Parents or guardians of minors (17 and under) must complete the Informed Consent of Library Usage for Minor Child form found on the next page.

LIBRARY USE ONLY:

LIBRARY CARD NUMBER _____ **STAFF INITIALS** _____

- Resident Card
- Shelter Card
- Non-Residential Property Owner
- Bookmobile Card
- Temporary Card
- Reciprocal Card
- Fee Paid Card
- College Student
- Homebound Card
- Institution

INFORMED CONSENT OF USE OF LIBRARY FOR MINOR CHILD

I (Printed Name) _____ am the PARENT or LEGAL GUARDIAN of the minor Child whose name is _____. (Child) I am aware that such child has a library card granting access to the content at Missouri River Regional Library, which may include print or electronic materials of books, periodicals, databases, websites, or the like and that such information may include both fiction and nonfiction written information and that some electronic sources may include video or other interactive portions of content.

I understand that Library staff, directors, or other official persons affiliated with the Library do not have supervisory duty over my Child and that it is my responsibility to monitor the Child's behavior and consumption of content, in any and all forms.

PLEASE CHOOSE ONE OF THE FOLLOWING:

- I provide consent for my Child to check out content and utilize Library resources, including internet access.
- I do not provide consent for my Child to check our content and utilize Library resources without my approval for each and every such instance and item, or access the internet.
- I provide consent for my Child to check out content and utilize Library resources with

I have been informed in reviewing this consent form that I have access, as a patron of Library, to access the collection development policy of Library under 15 CSR 30-200.015, of Missouri State Regulations and that it is my responsibility to review the same if so desired.

PARENT SIGNATURE (FOR CHILDREN AGES 5-17)

DATE

PARENT NAME (PLEASE PRINT)

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PHONE OF PARENT/GUARDIAN

ADDRESS OF PARENT/GUARDIAN

EMAIL OF PARENT/GUARDIAN