



Onondaga County Public Library CHILD LIBRARY CARD APPLICATION

Last Name	First Name	Middle Name	Title/Suffix

Street _____

City _____

State _____ Zip Code _____

Town _____

School District _____

Phone _____

Email _____

Date of Birth _____ PIN (4 digits) _____

Holds Notification Method (check one):

- Email
 Phone
 Text (Carrier: _____)

PARENT/CAREGIVER INFORMATION Relationship to Child: _____

First & Last Name Library Card # OR last 4 numbers of NYS ID

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Information about your privacy: Library records are confidential under New York State Civil Practice Law and Rules, Article 45, Section 4509. By law, we can discuss your records only with you unless required to disclose them by court order. This is true for both adults and children.

Under New York State Law, I, the undersigned, accept responsibility for all items borrowed on this card, agree to pay fines and fees and to report a lost card or address change.

Child's Signature: _____ Date: _____

Print Parent/Guardian: _____

Parent/Guardian's Signature: _____