



# PORTSMOUTH PUBLIC LIBRARY APPLICATION FOR LIBRARY CARD

Please present photo identification with *current address*

**THIS IS A LEGAL DOCUMENT ( PLEASE PRINT IN INK)**

**LAST NAME** \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_

**MIDDLE INITIAL** \_\_\_\_\_ **SUFFIX (Jr., Sr., III)** \_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **AGE (please circle)** **17 AND UNDER** **18+**  
MONTH DAY YEAR

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE ( )** \_\_\_\_\_ **SECONDARY ( )** \_\_\_\_\_

**\*I give the library permission to contact me via email regarding library related information.**

**E-MAIL** \_\_\_\_\_

### BORROWER'S AGREEMENT

- I Will:
- Adhere to library policies.
  - Be financially responsible for the loss or damage of all materials borrowed on this card.
  - Report a lost/stolen card immediately; I am solely responsible for items lost/stolen by someone using my card.
  - Report immediately any change of address, email address, or phone number.

I understand that:  
 Unresolved account delinquencies exceeding a set amount will be submitted to a materials recovery agency. I am the only person authorized to borrow materials using this card. Failure to abide by the rules of the library may result in the suspension or loss of my borrowing privileges.

### PROXY

In accordance with Section 149.432 of the Ohio Revised Code, all library records containing patron information are confidential. If you would like to authorize one designated individual, aged 18 or older, access to the information contained in your library record, please print his or her name in the space provided below.

I hereby give \_\_\_\_\_ access to the information contained in my library record.

### FOR PARENT/LEGAL GUARDIAN OF A MINOR:

I assume financial responsibility for materials borrowed by my child on his/her card. I understand that this card enables my child, under age 18, to borrow any materials, excluding DVDs, from the library collection. I realize the responsibility of guiding my child in selection and use of library materials belongs to me and is not the responsibility of the Portsmouth Public Library.

My child has permission to use the Internet. **(please initial)** \_\_\_\_\_

Printed name of Applicant/Parent/Legal Guardian of Minor \_\_\_\_\_

Signature of Applicant/Parent/Legal Guardian of Minor \_\_\_\_\_

Date \_\_\_\_\_

|                               |                                 |
|-------------------------------|---------------------------------|
| <b>STAFF USE ONLY</b>         | <b>NAME:</b> _____              |
| <b>NEW CARD:</b> _____        | <b>1ST REPLACEMENT:</b> _____   |
| <b>PATRON BARCODE:</b> _____  | <b>2ND + REPLACEMENT:</b> _____ |
| <b>MAIN:</b> _____            | <b>LUCASVILLE:</b> _____        |
| <b>WHEELERSBURG:</b> _____    | <b>NEW BOSTON:</b> _____        |
| <b>MOBILE SERVICES:</b> _____ | <b>NORTHWEST:</b> _____         |
| <b>EXP. DATE</b> _____        | <b>UPDATED:</b> _____           |
| <b>STAFF INITIALS:</b> _____  |                                 |