

Date: _____

FLETCHER FREE LIBRARY CARD APPLICATION- TEEN (12-17)

Last Name First Name Middle Name **Date of Birth**

Mailing Address Apt. # City State Zip Code

Phone Number Email Address

Alternate Address City State Zip Code

Alternate Phone Number Alternate Email

I hereby agree to obey all the policies and regulations of the Fletcher Free Library: I will assume responsibility for returning library materials, taking care of them, and paying for their replacement if necessary due to loss or destruction. I will also assume responsibility for all library communications, unless permission is granted below to my parent/guardian.

Patron Signature: _____ **Date:** _____

I authorize the individuals listed below to pick up any items on hold for my account at the Fletcher Free Library. Additionally, by checking this box: I authorize full disclosure of information about my account to the people listed below. I understand that I will need to notify a staff member to cancel this authorization, which I may do at any time.

Print the names of authorized persons below:

Patron Signature: _____ **Date:** _____

<p>FOR STAFF USE:</p> <p>BTV School: _____ (if applicable) Staff Initials: _____</p>
