

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			

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:** _____

FOR STAFF USE:

Staff Initials: _____