*Date:*_____

FLETCHER FREE LIBRARY CARD APPLICATION- ***ADULT (18+)***

_____

Last Name First Name Middle Name

_____

Address Apt. # City State Zip Code

_____

Phone Number/Alternate Phone Number Email

_____

Alternate Address Apt. # City State Zip Code

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.

Signature:_____ **Date:**_____

Fletcher Free Library Account Permission Agreement: *I authorize the individuals listed below to pick up any items on hold for me 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:

_____ _____ _____ _____

Signature:_____ **Date:**_____

Fletcher Free Library Homecard Agreement: *I am aware that when borrowing items from other Homecard libraries I need to always bring my library card and I may be asked for ID, agree to the lending library's lending periods and policies, return items to the library location that they were checked out from, and accept the responsibility to all costs relating to overdue or replacement fines.*

Signature:_____ **Date:**_____

FOR STAFF USE:

Card Type:

- ☐ Local Adult No Home / One Card
- ☐ Home / One Card Adult
- ☐ Non-Resident Adult
- ☐ Non-Resident Senior
- ☐ Short-Term Patron

BTV Employer or School:_____

- ☐ **SEEN ID/PROOF OF ADDRESS**
- ☐ **ASKED FOR PHOTO/RELEASE FORM**
- ☐ **HOMECARD STICKERS ADDED**

Staff Initials: _____

Rev: 8/26/26

*Date:*_____ ***FLETCHER FREE LIBRARY CARD APPLICATION- YOUTH (<12)***

Patron Information:

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

Mailing Address Apt. # City State Zip Code

Phone Number Email Address

Parent/Guardian Information:

Last Name First Name Mailing Address City State Zip Code

Phone Number Email Address Relationship to Patron

In signing this application I approve the issuance of a library card to my child and acknowledge my responsibility for its use. I understand that I am responsible for the items on my child's account, for change of address notifications, and for all charges against my child's account for damaged or lost materials. I understand that my child's library record is confidential at age 12 (Vermont Statute 22 V.S.A. § 172).

Parent/Guardian Signature:_____ **Date:**_____

I authorize the individuals listed below to pick up any items on hold for my child at the Fletcher Free Library. Additionally, by checking this box: ☐ *I authorize full disclosure of information about my child's 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:

_____ _____ _____ _____

Parent/Guardian Signature:_____ **Date:**_____

FOR STAFF USE:

☐ **SEEN PARENT/GUARDIAN**

ACTIVE ACCOUNT/ID *Staff Initials:* _____

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: _____