

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

Notification Preference:

Email Text - Carrier _____

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:** _____

(OPTIONAL:) I authorize the individuals listed below to pick up any items on hold for my account at the Fletcher Free Library. Additionally, I authorize full disclosure of information about my account to the people listed below: YES or NO (circle one). 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:	
<i>Privacy Note in Account:</i>	<i>BTV Affiliation:</i>
<input type="checkbox"/> Holds Pick-Up Permission	<input type="checkbox"/> School: _____
<input type="checkbox"/> Full Permissions	<i>Staff Initials:</i> _____