



LANCASTER PUBLIC LIBRARY

Library Card Registration Form

*Required information

*Name: Last Name First Name Middle Initial Suffix

Have you had a previous card? Other names you have used:

*Address: Apt. #

*City/Town: PA *Zip:

Alternate Address:

*Primary Phone: Alternate Phone:

*City, Borough, or Township: *County

*Name of primary contact at this address for Library mailings:

*School District: E-mail:

*Date of Birth: Month: Day: Year:

If email address is provided above, would you like to be informed about Library events via email? YES NO

By signing you apply for the privilege of using the Library and you promise to abide by all its rules, to give immediate notice of change of address telephone number or email, and to promptly pay any late fees, lost materials or damages charged to your card.

Any child under 14 years of age must have a parent's signature. Parents and guardians signing for borrowers under the age of 14 are responsible for their overdue late fees and lost materials incurred by their usage.

I have read the Library Card User Rights and Responsibilities and this application in full and agree to comply with the guidelines presented.

*Applicant Signature: Date

*Parent/Legal Guardian Signature (if applicant is under 14)

*Printed Name

I certify that I am the legal parent or guardian.

Library use only:

Barcode Date

Identification Used & Number (Driver's License#):

Staff Member Initials Out of County: Access Card Verification Fee Updated 11/1/12

Computer User Contract - Valid for up to 3 Years (expires concurrent with Library card)

Name _____

Library Card Number _____

Address _____

Signed at Location _____

Are you 18 years of age or older? YES NO If no, give date of birth _____

I have read, understand and agree to comply with the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers. I further understand any infraction of the agreement will result in the loss of my computer privileges. I agree to hold LSLC and its representatives harmless for any and all loss, problem, or damage resulting from my use of Library computers or internet access. Further, I agree to indemnify LSLC for any loss or liability that I may incur as a result of any violation of the Computer Use Policy (stated or unstated) by me.

Signature _____ Date _____ Staff Witness _____

If the user is under the age of 18 a parent or legal guardian must sign below

By signing below I give permission for my child to use the Library computers and/or access the internet and that I am the legal guardian. I understand by signing this contract they may use the computers, under the agreement as stated here and on the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers, without my immediate supervision.

Parent/Guardian Signature _____ Date _____ Staff Witness _____

LSLC prohibits "displaying, downloading or copying offensive or inappropriate messages, pictures or explicit sexual material as defined in 19 Pa. C.S.A. § 5903."

U.S. Copyright Law (Title 17, US Code) prohibits the unauthorized reproduction or distribution of copyrighted materials, except as permitted by the principles of "fair use." Users may not copy or distribute electronic materials (including electronic mail, text images, programs, or data) without the explicit permission of the copyright holder. Responsibility for any consequences of copyright infringement lies with the user.

I understand that should I violate any portion of the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers either explicitly or implicitly I shall lose all computing privileges within LSLC.

Patron Account Release

I, _____ 20339 _____
(Printed Name) (Library Card Number)

give my permission for Lancaster Public Library (Lancaster City, Leola, Mountville) to provide all information pertaining to my library account to the person(s) listed below, in order to pick up holds, pay late fees, and /or renew materials. The authorized person must have your library card in order to check out items on hold. This release does not allow authorized person to use the card for computer access. I understand that I am responsible for all unreturned items and late fees and/or charges that are on my account. I will notify the library in writing if I wish to revoke this permission.

(ONLY INDIVIDUALS WITH ACCOUNTS IN GOOD STANDING [NO LATE FEES OR OVERDUE MATERIALS] WILL BE PERMITTED TO USE YOUR CARD.)*

Authorized person's full name (printed) and Library Card #

Signature of library cardholder

Date

Staff Initials Date

***You will receive an email or letter ONLY if permission has been denied.**



**LANCASTER
PUBLIC LIBRARY**