

Seminole County Public Library System Enriching Lives, Engaging Minds

Library Card Application

PLEASE PRINT ALL INFORMATION CLEARLY

Customer Information			
First Name	Middle Initial		Last Name
Street: (123 Main St)	APT#		City /Zip Code
Phone:	Email:		Would you prefer to be notified by: phone or email
Gender: Male Female	Date of Birth Month Day Year		Driver's License#/State ID#/Passport#
If applicant is under 18 years of age, pleas	e complete the follow	ing:	
Parent/Legal Guardian's First Name		Parent/Legal Guardian's Last Name	
Seminole County offers an Internet Safety	training program. Wo	ould you like your child	/minor to participate? Yes No
PARENT/LEGAL GUARDIAN RESPONSIBILITY: A etc.) and proof of residency to receive a library overdue fines, fees, lost, or damaged material damaged books will be sent to a Collection Ag	y card for a child or mind s on the child or minor's	or. The parent or legal gu	
Signing the library card indicates acce	eptance of responsib materials borrow		naged fees and replacement cost for
Staff use only: BC#		_ Date Issued	Staff initials
16.70			D : 144/2046

LS 72 Revised 11/2016