

BC #: _____

Staff Initials: _____

**SEMINOLE COUNTY PUBLIC LIBRARY SYSTEM
Patron Registration Form/Change of Address Form
PLEASE PRINT**

NAME: _____
(last) (first) (middle)

ADDRESS: - Apt. #: _____ STREET: _____

PO BOX: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

How would you like the library to notify you concerning holds and overdues?

Check one please: Telephone: E-mail:

The following is for statistical purposes only.

Check One: AGE: Child (0-13) Young Adult (14-17) Adult (18 +)

DATE OF BIRTH: _____ GENDER: Male Female

SCHOOL: _____

Parents Signature: _____

Revised 7-23-08 LLS - 72

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