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SCH00L

707 North Superior Street Emmetsburg, Iowa 50536 Phone (712) 852-4009 Fax (712) 852-3785

APPLICATION FOR LIBRA	ARY CARD	Date of application	
YOUTH (13 years old and younger)		Staff initials	
	ht to use the Library and prom promptly, and to give immedia		
PRINT FULL NAME			
First	Middle Initial	Last	
TELEPHONE			
MAILING ADDRESS			
	Street or P. O. Number	Circle One: In a City / Rural	
City	State	Zip Code	County
STREET ADDRESS (if diff	erent)		
E-MAIL ADDRESS			
BIRTH DATE (month/day,	/year)		

REMEMBER TO COMPLETE THE OTHER SIDE OF THE APPLICATION! $\longrightarrow \longrightarrow \longrightarrow$ 

OR PARENT/GUARDIAN TO COMPLETE:			
ARENT/GUARDIAN NAME			
IAILING ADDRESS			
ELEPHONE			
ly signing below, I agree to be responsible for my child's compliance with the Library's rules and sees mentioned above.			
I am aware that the Library does not restrict access to any library materials on the basis of age.			
lso, I am aware of the implications of the Library's Confidentiality Policy regarding parental ccess to children's circulation records.			
nowing these, I give my permission for this youth to hold a library card.			
accept responsibility for their use and selection of library materials.			
Parent/guardian signature			
OFFICE USE ONLY			
PATRON#			
PATRON TYPE			
DATE FEE PAID			

Adopted: May 2018; Reviewed: August 2021, September 2024; Scheduled for Review: July 2027

**EXPIRES**