

PLEASE PRINT CLEARLY

## County of Los Angeles Public Library Library Card Application

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		APT. NO.
CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (If different from above)		
TELEPHONE	BIRTHDATE [MONTH/DATE/YEAR] <i>Required</i>	PLEASE NOTIFY ME BY (For Account & Holds Information): <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL (minors, give parent/guardian's email)
CALIFORNIA DRIVERS LICENSE OR ID	LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER	
I agree to be responsible for all materials charged on my library card; to report a lost library card at once; to observe library rules; to pay promptly all charges; and to notify the library of any name change or address changes. This card is non-transferable.		
SIGNATURE OF APPLICANT _____		

### FOR PARENT / GUARDIAN OF MINOR APPLICANT

FIRST NAME OF PARENT /GUARDIAN	LAST NAME OF PARENT /GUARDIAN
ADDRESS OF PARENT / GUARDIAN (If different from above)	DATE

### MOVIE ACCESS

- My child ***is*** permitted to borrow videocassettes and DVDs.  
 My child ***is not*** permitted to borrow videocassettes and DVDs.

### PLEASE NOTE: *Internet Access Permission for Children* form available upon request.

This library card entitles your child to complete access to all materials of the County of Los Angeles Public Library. I assume responsibility for library materials borrowed by this child from the County of Los Angeles Public Library.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

### STAFF USE ONLY

COST CODE	BARCODE	PROFILE <input type="checkbox"/> ADULT <input type="checkbox"/> TEEN <input type="checkbox"/> TEEN_NOVID <input type="checkbox"/> CHILD <input type="checkbox"/> CHILD_NOVID <input type="checkbox"/> FINE_FREE
QUALIFIER and DIRECT LOAN CODE <input type="checkbox"/> UNINCORP <input type="checkbox"/> CITY_SERVD <input type="checkbox"/> OUTOFSTATE <input type="checkbox"/> NON_RES DNT CA_NONCNTY _ _ _ _		USER CATEGORY <input type="checkbox"/> MC_MEXICO <input type="checkbox"/> MC_KOREA <input type="checkbox"/> MC_ARGENTI <input type="checkbox"/> VIP   STAFF
QUICK REGISTRATION & SAM INPUT	APPLICATION CHECKED	FULL REGISTRATION INPUT AND FINAL REVIEW
BY _____ DATE _____	BY _____ DATE _____	BY _____ DATE _____