

Library Card Registration Form

Lancaster County residents 5 years of age and older are eligible to apply for a library card.



LANCASTER

PUBLIC LIBRARY

* Required information

*Name: _____
Last Name First Name Middle Initial Suffix

*Mailing Address: _____ Apt. # _____

*City/Town: _____ *State: _____ *Zip: _____

*Street Address (if different from above): _____

*City, Borough, or Township: _____ *County: _____

*Primary Phone: _____ Alternate Phone: _____

E-mail: _____
By providing your email address you are agreeing to receiving library account notifications such as hold pick-up, courtesy reminders, overdue notices, and library events via email.

*Date of Birth: Month: _____ Day: _____ Year: _____ *School District _____

- By signing you promise to abide by all library rules, to give immediate notice of change of address or telephone number, and to promptly pay any fines or damages charged to your account.
- Any child under 14 years of age must have a parent's or guardian's signature.
- Parents and guardians signing for borrowers under the age of 14 are responsible for overdue fines and lost or damaged materials incurred by their usage.
- Parents and guardians are responsible for monitoring the materials their children or wards borrow through personal interaction with the child.
- Unless compelled by law, the library is not permitted to release account information without permission from the account owner even when the account owner is a child.

*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:

Legal Name (if applicable): _____

Barcode: _____ Date: _____

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

Staff Member Initials: _____ Out of County: Access Card Verification Fee

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

Date: _____

Name: _____

Library Card Number: _____

Signed at Location: _____

Address: _____

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: _____ Date: _____

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: _____ Date: _____

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, Mountville) to provide 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.

Authorized person's full name (printed) Authorized person's full name (printed)

Date: _____

Signature of library cardholder

Staff Initials _____ Date _____