
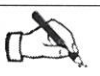


LIBRARY CARD APPLICATION STUDENT

STUDENT INFORMATION	LAST NAME		FIRST NAME			MIDDLE INITIAL	
	STREET					APT	
	CITY			STATE		ZIP	
	STUDENT EMAIL						
	() -		MONTH	DAY	YEAR	BOY	GIRL
	TELEPHONE		DATE OF BIRTH			GENDER (check one)	

SCHOOL						
GRADE		TEACHER				
STUDENT NUMBER <small>(as assigned by the New Haven Public School system)</small>						

PLEASE READ AND SIGN

STUDENT	<p><i>I agree to assume responsibility for all materials borrowed on this card, including charges for late, lost and damaged materials, to report the loss, theft, or abuse of my card immediately, to report changes in my account and to abide by the policies of the Library.</i></p>					
	 STUDENT SIGNATURE		MONTH	DAY	YEAR	DATE
PARENT/GUARDIAN	<p><i>I have given permission for the minor listed on this application to receive library privileges and I agree to assume responsibility for all materials borrowed by the minor with this card and for all fines incurred, including charges for late, lost and damaged materials.</i></p>					
	 PARENT / GUARDIAN SIGNATURE		MONTH	DAY	YEAR	DATE
	PARENT / GUARDIAN NAME (PLEASE PRINT)					
	PARENT / GUARDIAN EMAIL					

LIBRARY USE ONLY

BRANCH _____ EXP _____ LOC _____

___ NEW ___ RENEW ___ STUDENT

BARCODE # _____

DATE _____