



ADULT LIBRARY CARD REGISTRATION FORM

Please print or Type. *Required information

*Name: _____				
Last Name	First Name	Middle Initial	Suffix	
*Home Address: _____				
Address	City or Town	State	Zip	
*Mailing Address: _____				
Address	City or Town	State	Zip	
*Primary Phone: _____		Alternate Phone: _____		
*Date of Birth: Month: _____ Day: _____ Year: _____				Gender M F
Would you like to be informed when items are due via email?		YES NO	via Text? YES NO	
Would you like to be informed about Library events via email?		YES NO	via Text? YES NO	
E-mail: _____		Mobile Carrier _____		

By signing you apply for the privilege of using the Library and you promise to abide by all its rules, to give immediate notice of change of address, telephone number or email, and to promptly pay any late fees, lost materials or damages charged to your card. All registered card holders in good standing have equal right to access materials and services the Library provides. The Jackson Parish Library recognizes the legal guaranties of confidentiality as specified by law. The Library promises to keep all Library transactions of all clients confidential and will disclose information to secondary sources only if permission is granted by cardholder or upon legal subpoena.

INTERNET USAGE AGREEMENT I have read and will abide by the Jackson Parish Library’s Electronic Resources Access Policy and related guidelines. The Jackson Parish Library assumes no responsibility or liability for any damages or violations, direct or indirect, arising from the use of its computing resources. Patrons are liable for any equipment or software damages that occur because of patron misuse.

I have read the Patron’s Rights & Responsibilities, the Circulation Policy & Procedures, other pertinent library regulations and this application in full and agree to comply with the guidelines presented.

*Applicant Signature: _____ Date: _____

Library use only:	Barcode #23833 _____	Revised: 04/15/2024
Identification Used & Number (Driver’s License#): _____		
Trail Blazer # _____		
Checked for Duplicate Card _____	Staff Initials _____	Date _____