



# Pawtucket Public Library

13 Summer Street  
Pawtucket, Rhode Island 02860  
401-725-3714  
www.pawtucketlibrary.org



## Library Card Application

*All information provided to us will be treated as confidential.*

### PLEASE PRINT

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Identification: RI License or ID \_\_\_\_\_  
month day year

E-Mail Address: \_\_\_\_\_

Yes, I would like to receive my reserve notices and overdue reminders via email.

Yes, I would like to receive the monthly Library events newsletter by email.

I understand that failure to return library materials may result in legal action. I agree to observe all rules and policies established by the Pawtucket Public Library and all other Ocean State Libraries.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Parent or Guardian information for patrons under age 13

Parent or Guardian name: \_\_\_\_\_

Parent/Guardian Identification (RI License or ID #): \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

I give permission for my child to receive a library card. I understand that my child will have unrestricted access to all resources in the library. Any restriction of a child's access to library materials, electronic resources or the Internet is the responsibility of the parent or legal guardian. Media borrowing restriction forms for minors are available upon request.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR LIBRARY STAFF USE ONLY:

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_ Barcode #: \_\_\_\_\_