

ADULT STILLWATER PUBLIC LIBRARY CARD APPLICATION

Photo I.D. and Proof of Street Address Required

(CHECK ONE)

ADULT COLLEGE STUDENT (over 18)

(For staff use only)

USER ID: 40630001_____

STAFF INITIALS: _____ DATE: _____

NAME

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LAST

FIRST

MIDDLE NAME/ Initial

DRIVER'S LICENSE # OR ALT ID #

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DATE OF BIRTH

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PHONE NUMBER

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AREA CODE

CONTACT PREFERENCE

PHONE E-MAIL (CHECK ONE)

E-MAIL

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If you would like to receive the Library Newsletter via e-mail, please check here:

ADDRESS (IF P.O. BOX, PROOF OF STREET ADDRESS REQUIRED. WRITE BELOW)

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STREET

Apt or Trailer Number

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CITY

--	--

STATE

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ZIP CODE

STUDENTS AND TEMPORARY RESIDENTS: PERMANENT ADDRESS

OR **ALTERNATE STREET ADDRESS** FOR PATRONS WHO RECEIVE MAIL AT A P.O. BOX

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STREET

Apt or Trailer Number

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CITY

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STATE

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ZIP CODE

PLEASE CONTINUE ON OTHER SIDE

Release of Account Information

The Stillwater Public Library does not give out information about your use of the library and its resources without your permission. See Oklahoma Statute Title 65 Section 1-105 Disclosure of Records regarding confidentiality.

Fill out the box below only if you wish to grant access to your account information.

Listed below are people who may:

- Receive information on my account including, checkouts, holds, fees, and contact information.
- and
- Pick up items on reserve for my account.

Signature

Date

Printed Name of Cardholder