

# FAMILY APPLICATION STILLWATER PUBLIC LIBRARY CARDS

**Photo I.D. and Proof of Street Address Required**

(For Staff Use Only)

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**ADULT 1 CARD** (Children's cards on back of form)

(For Staff Use Only)

User ID: 40630001 \_\_\_\_\_

ADULT     COLLEGE STUDENT (over 18)

**NAME**

--	--	--	--

LAST FIRST MIDDLE NAME/ Initial

**DRIVER'S LICENSE or Alternate ID #**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DATE OF BIRTH**

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**PHONE NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**CONTACT PREFERENCE (CHECK ONE)**

PHONE     E-MAIL

**E-MAIL**

I would like to receive the Library Newsletter via e-mail (check):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**ADULT 2 CARD** (Children's cards on back of form)

(For Staff Use Only)

User ID: 40630001 \_\_\_\_\_

ADULT     COLLEGE STUDENT (over 18)

**NAME**

--	--	--	--

LAST FIRST MIDDLE NAME/ Initial

**DRIVER'S LICENSE or Alternate ID #**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DATE OF BIRTH**

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**PHONE NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**CONTACT PREFERENCE (CHECK ONE)**

PHONE     E-MAIL

**E-MAIL**

I would like to receive the Library Newsletter via e-mail (check):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**ADDRESS** (IF P.O. BOX, PHYSICAL ADDRESS IS REQUIRED BELOW)

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STREET APT / TRAILER NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY STATE ZIP CODE

**STUDENTS AND TEMPORARY RESIDENTS:** Permanent or Alternate Address if above is on campus or a P.O. Box

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STREET APT / TRAILER NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY STATE ZIP CODE

### 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.

**People listed below may:** receive information on my account including checkouts, holds, fees, and contact information, and pick up items on reserve for my account. Leave blank if you do not wish to grant access to your account information.

\_\_\_\_\_  
Signature (Adult 1)  
(only needed if granting access to account)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Adult 2)  
(only needed if granting access to account)

\_\_\_\_\_  
Date

# Please provide requested information

Each child listed below will be issued a library card.

## Computer Usage Information:

NO ACCESS: Child will not be allowed to use internet-connected computers.

HIGH FILTER: Child may access Children's computers only; no access to email or social media.

LOW FILTER: May use all other computers in the Library; access to email & social media.

### CHILD 1 CARD

User ID: 40630001 \_\_\_\_\_

#### NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST

FIRST

MIDDLE NAME/ Initial

#### Computer Usage (Select ONE level of internet access)

No Access (No signatures needed if choosing this option)

High Filter

Low Filter

#### DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child's signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

### CHILD 2 CARD

User ID: 40630001 \_\_\_\_\_

#### NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST

FIRST

MIDDLE NAME/ Initial

#### Computer Usage (Select ONE level of internet access)

No Access (No signatures needed if choosing this option)

High Filter

Low Filter

#### DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child's signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

### CHILD 3 CARD

User ID: 40630001 \_\_\_\_\_

#### NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST

FIRST

MIDDLE NAME/ Initial

#### Computer Usage (Select ONE level of internet access)

No Access (No signatures needed if choosing this option)

High Filter

Low Filter

#### DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child's signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

## Computer Use Consent:

*I have read and understand the Stillwater Public Library's Computer Usage Policy and agree to its terms and conditions. I hereby release and hold harmless the City of Stillwater, its officers, agents, servants, or employees, volunteers, representatives, or advisors from any and all legal liability or responsibility for any and all claims, damages, losses, costs or expenses arising either directly or indirectly from the use of the Library's Internet terminals or wireless access whether or not caused in whole or in part, by alleged negligence of the City of Stillwater, its officers, agents, servants, employees, volunteers, representatives or advisors.*

The signing adult is responsible for any items checked out on a child's card.

Parent's signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_