

Groton Public Library Library Card Application

For Staff Use:

Date: _____

Initials: _____

PLEASE PRINT: (PARENT INFORMATION)

Library Card will be mailed to the addresses provided below:

Last Name First Name Middle Initial

Street: _____ City/State: _____ ZIP Code: _____

Mailing Address (if different than street address): _____

Best number to reach you: - -

E-mail address: _____

Childs Card

Children ages 4 years and older can receive their own library card. We will ask for identification to verify your address.

Name of Child: _____ Age _____ Barcode _____

FOR STAFF USE

Your valid library card should be presented when checking out materials. There will be a charge if the card is lost. In your own interest, DO NOT lend your card and please report loss of card immediately. By signing this sheet, you are assuming responsibility for all materials taken out on this card.

Signature

TEACHER: _____

GRADE: _____

SCHOOL: _____