SEMINOLE TRIBE OF FLORIDA

Education Department

Library Card Application

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THE FORM.

APPLICANT INFORMATION- Applicant must be 6 years of age or older to be approved for a Library card.
(Parent/ legal guardian needs to complete the form for minors under 18 years old)

Name:

_____
First *Middle* *Last Name*

Date of birth: _____/_____/_____ Borrower Type: _____
MM / DD / YYYY

Address:

_____
Street Address

_____/_____/_____
City *State* *Zip Code*

Telephone:

_____/_____/_____
Home *Work* *Cell*

Is the applicant 16 years of age or older? □ YES □ NO

Would you like to receive the library monthly calendar by email?
☐YES ☐NO

Email Address: _____

EMERGENCY CONTACT INFORMATION

1) Emergency Contact: _____ _____
Name Phone

Relationship to Applicant: _____

2) Emergency Contact: _____ _____
Name Phone

Relationship to Applicant: _____

PLEASE READ AND SIGN agree and will abide by all Library Policies and Procedures. I will be responsible for all materials borrowed and for all fines or charges incurred for lost and damaged materials.

I will follow the STOF Library Code of Conduct and understand that any violation of these rules may lead to the library privileges being suspended or revoked.

_____ _____
PATRON APPLICANT SIGNATURE DATE

_____
LIBRARY STAFF SIGNATURE

Is the applicant a child under the age of 18? ☐ YES ☐ NO

If yes to the previous question, please complete the Parent/Legal Guardian Section below.

PARENT/LEGAL GUARDIAN INFORMATION

Name:

_____

First *Middle* *Last Name*

Date of birth: _____/_____/_____
MM / DD / YYYY

Address:

_____

Street Address

_____/_____/_____

City *State* *Zip Code*

Telephone:

_____/_____/_____

Home *Work* *Cell*

PLEASE READ AND SIGN:

I have given permission for the minor listed on this application to receive library privileges. I agree to be responsible for all materials borrowed by the minor with this card and for all fines incurred, including charges for lost and damaged materials. I understand I am taking responsibility to ensure that the minor will follow all library rules of behavior and if he/she chooses not to comply with these rules, his/her library privileges may be suspended or revoked.

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

_____

PRINTED NAME OF PARENT/LEGAL GUARDIAN

To be filled out by Library Staff

Tribal Library card #: _____

Date: _____

Library Staff signature: _____