

Barberton Public Library Card Application

1203 CLEVN

602 W. Park Ave., Barberton, OH 44203 www.barbertonlibrary.org 330-745-1194

Applicant Information: Please prin	t.					
Last Name	First Name			Preferred Name	Mid	ddle
Home Address (No P.O. Boxes)					Ap	t. #
City		State			ZIP)
Phone		Email				
Date of Birth (MM/DD/YYYY)		Ohio ID#				
Communication Preferences: Plea	se select on	e per quest	ion.			
I would like to receive courtesy notices via	Phone	Email	Text			
I would like to receive overdue notices via:	Mail	Email				
Cardholder Agreement & Signatu	re					
information changes. I understand that I a I understand that the Library is only colle information is accessible by all CLEVNET m	cting persona	l informatio	•	equired to obtain a librar		-
Applicant Signature:				Date:		
Parent or Legal Guardian Informat	ion, Agreen	nent and S	Signature	e: Required for applican	ts age 15 & u	ınder.
Last Name	First Name			Preferred Name	Mid	ddle
Date of Birth (MM/DD/YYYY)		Ohio ID#				
As a parent or legal guardian, I understand my child as well as any charges incurred. I that is required to obtain a library card an the Library immediately if the card is lost of Parent or	understand t d that such in	hat the Libra formation is	ary is only accessible	collecting personal inform by all CLEVNET member	nation about i	my child
Guardian Signature:				Date:		

Additional Information on Reverse



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Authorized Users: Optional

Cardholders may grant permission for designated individuals to use their library card to check out materials, pick up reserved materials, and pay fees. The designee will be asked to present the library card associated with the cardholder's account and may be asked to provide photo identification when checking out materials. Cardholders who allow others to use their library card are financially responsible for any materials borrowed by the designee. Because library records are private, designated individuals will not be given information about the cardholder's account that they are using, though parents or legal guardians may be granted access to the account information of their child provided they are listed as the parent or guardian on the account.

I authorize the following individu	als to use my library o	card:					
Name:			<u></u>				
Name:							
Cardholder Signature:			Date:				
Teacher Information, Agr	eement, and Sigi	nature: Required	for Teacher Card applican	ts.			
School or Organization Name				Room #			
Address		City, State		Zip			
Office Phone		School Email	School Email				
at a commercial or private pres borrowing policies generally app loan periods. I understand that materials borrothat I am financially responsible f Applicant Signature:	ly, though some mat owed using a teacher	terials owned by the card should be for cla	Barberton Public Library wi	ill qualify for extended			
For Library Use: Please Do	Not Write Below Th	nis Line					
Card Number: 24019)						
Expiration Date:							
Staff:							
Profile: Adult Juvenile	Teacher						