

Library cards are issued for 3 years. Applicant must present proof of current address. Library records are confidential. All information given will be handled confidentially, per Ohio Law.

Please **PRINT** the following information:

Legal Name: _____
 last name first name middle initial

Preferred Name: _____

Mailing address: _____
 number & street PO box

 city state zip code

Telephone: (____) _____ **Birth date** _____

School District: _____ **Preferred Contact:** Email Text Call

Four-digit PIN: ____ _ (to access your account online)

E-mail address: _____ (provide e-mail to receive courtesy, holds, and overdue notices, as well as library newsletters.)

I agree to abide by the rules and regulations of the Portage County District Library and to be responsible for all fees and fines assessed for overdue, lost or damaged library items. It is understood that under Ohio Law, parents or guardians remain responsible for their children's library obligations up to age 18.

Signature of applicant _____ Date _____

A parent or guardian must sign below for children under age 18

Signature of parent/guardian _____ **TURN PAGE OVER**

For Library use only: ID used for verification _____

PCDL_JUV (3-17) PCDL_ADULT (18-59) PCDL_FF (60 & up) PCDL_HOMB PCDL_STAFF

Registration taken by _____ Computer input by _____

Access to Library Record Consent Form

An adult patron's library record and personal information are handled confidentially, as allowed by Ohio law, unless the patron chooses to waive that right by granting permission to others.

A minor child's library record and personal information are confidential to all except the child's parent, custodian or guardian, as allowed by Ohio law. A parent, custodian or guardian may waive that right by granting permission to others.

To designate who has permission to use this card, **initial** one of the choices below and print the name(s) of those with permission to use this card. A designated person may be asked to show proof of identity when requesting access.

1. _____ I would like this library card to be confidential with the exception of:

(printed name)

(printed name)

(printed name)

who may use my card or have access to my library record or personal information

OR

2. _____ Anyone who has this library card may use or have access to my library record and personal information.

OR

3. _____ I do not grant consent for anyone else to use my card.

I understand that information from this library record may include address, telephone number, titles or subjects currently on loan, due dates, and accrued fines or charges. I also understand that I must come in person to the library if I wish to revoke this document or change individuals who may have access to this account in the future.

Adult's Signature _____ Date _____

Patron's Name (please print) _____

Library card application may be mailed to:
Portage County District Library, Outreach Services, 10482 South St., Garrettsville, OH 44231