



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: ____/____/____
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:

I 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 Member

Library card #: _____

Date: _____

Staff signature: _____