



## Daly City Public Library Library Card Agreement

**Name:**

LAST FIRST MIDDLE INITIAL

**Legal Name (if different from above):**

LAST FIRST MIDDLE INITIAL

**Residence Address:**

NUMBER AND STREET APT. #

CITY STATE ZIP CODE

**Mailing Address (if different from above):**

NUMBER AND STREET APT. #

CITY STATE ZIP CODE

**Phone:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

**E-mail:** \_\_\_\_\_

I agree to follow all policies, rules and regulations of the Daly City Public Library (DCPL): be responsible for materials charged to this card; notify DCPL when any information I have given has changed; and bring my card or photo ID each time I visit to check out materials or access my account. I understand that I am to notify DCPL if my card is lost or stolen. If I am signing this as the registrant's parent/legal guardian, I understand my child has a right to confidentiality by state law.

\_\_\_\_\_  
SIGNATURE PARENT/LEGAL GUARDIAN (For children under 14 years old or youth under 18 w/out I.D.)

☐ Sign me up for the DCPL monthly e-newsletter of special library events.

FOR OFFICE USE ONLY:

Barcode: 2-904 \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_



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