BARCODE		



STAFF INITIALS_	
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HILLSBOROUGH COUNTY PUBLIC LIBRARY COOPERATIVE LIBRARY CARD REGISTRATION FORM

LAS	Γ NAME	FIR	ST NAME	MIDI	DLE NAME	SUFFIX		
ADDRESS:				1	,			
MAILING ADDRE	ESS:			-	APT#			
CITY		:	STATE		ZIP CODE			
RESIDENTIAL A	DDRESS (if different from n	nailing address):		,	APT#			
CITY		:	STATE	-	ZIP CODE			
CONTACT ME	BY: Choose one	L						
☐ PHONE	PHONE # ()							
☐ EMAIL	EMAIL ADDRESS							
LANGUAGE		☐ SPANISH	l					
Enter information	on below if you would like	to receive text	notification in add	dition to p	hone or email.			
TEXT	CELL # ()			PHONE PF				
☐ AMERICAN	INDIAN D BLACK	☐ WHITE	🗆 ASIAN 🗆 H	HISPANIC	OTHER			
	SEX			DATE	OF BIRTH			
☐ MALE	☐ FEMALE		//					
	OPTIONS	FOR PAREN	TS/LEGAL GUAF	RDIANS				
or unrated DVD	ardians may choose to re is. I DO NOT WANT that my child is under age	I DO WAN						
when the paren	to minor children is only a t/guardian waives particip plete the Internet Safety	oation in the pr						
(REQUIRED) P	ARENT/GUARDIAN: Ple	ase sign for o	children under ac	ge 17.				
PARENT'S FUL			GNATURE	<u>,</u>				
Parent/Guardia	n Library Card Number:	2-1667						

Do you wish to register to vote or update your voter's registration? ☐ Yes

Signing your library card indicates acceptance of responsibility for any fines, damage fees and replacement costs for any materials borrowed with the card, unless card has been reported lost or stolen.