



Howard County

Library Card Application

Questions? Call 432-264-2260 or email circulation@howardcountytexas.com

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|---|--|-------------------------------|--|----------------------|----------------------|
| First Name | | Middle Name | | Last Name | |
| IF REQUESTING LIBRARY CARD FOR A CHILD UNDER 18 YEARS OLD, PLEASE PRINT PARENTS' OR GUARDIANS' NAMES HERE: | | | Computer & Internet Use: Parent/Guardian permission required for children ages 13-17. Please check one. <input type="checkbox"/> My child may use the computer/Internet. <input type="checkbox"/> My child may not use the computer/Internet. Children younger than 13 must have a parent/guardian with them when using a computer/Internet. | | |
| Mailing address (Please provide proof of current mailing address) | | | City | State | Zip Code |
| Street or PO Box | | APT: | | | |
| Permanent Address (if different from mailing address) | | | City | State | Zip Code |
| Street or PO Box | | APT: | | | |
| Email Address | | Texas Driver's License Number | OR | Texas ID Number | Adult Date of Birth: |
| Cell Number | Home Number | Work Number | | Child Date of Birth: | |
| Card Holder Agreement <ul style="list-style-type: none"> • Accept responsibility for items checked out on this card • Return all borrowed materials • Pay all fees or charges owed • Report lost/stolen card • Report change of address, phone number, and email • Follow all library policies | | | | | |
| ***** Please Sign Below ***** | | | | | |
| Adult Application: I agree to abide by all library polices and accept financial responsibilities for all items checked out on my library card. Signature: _____ | | | | | |
| Child's Application: As parent or guardian for card holder, I agree to abide by all library polices and accept financial responsibilities for all items checked out on my child's library card. Signature: _____ | | | | | |
| Do not write in shaded area. For staff use only. Staff Initials: _____ | Date: _____ Library Card #: _____ | | <input type="checkbox"/> Adult <input type="checkbox"/> Child under 18 DOB: _____ <input type="checkbox"/> Other: _____ | | |