

LARL Card Application

(By Minnesota law, the data that links your personal information with library materials is private and available only to you and appropriate library staff.)

Please print clearly

Date _____ County _____ Do you live within city limits? yes no

Check one: 12 years & up Birth date (required): ____/____/____ Pick-up Location _____
 Under 12 years Month Day Year

Last Name: _____ First _____ Middle Initial _____

Mailing Address: _____
City State Zip

Permanent Address: _____
(If different from above, use street address, or for student, use permanent address)

Home Phone: _____ Work Phone: _____ E-mail: _____
(for notices and Library information)

I agree to comply with all rules relating to library services, including returning materials when they are due, promptly paying charges, and giving immediate notice of any changes in my name or address. I also agree to abide by the Federal Copyright Law and the Children's Internet Protection Act.

Signed: _____
If under 12 years of age, parent or guardian must sign

Staff Use: Barcode: _____ Staff Initials: _____ Proof of Address: _____

Institutional Homebound Reciprocal Fee Computer Other _____