

PLEASE PRINT CLEARLY

County of Los Angeles Public Library Library Card Application

FIRST NAME		MIDDLE NAME	LAST NAME	
STREET ADDRESS				APT. NO.
CITY		STATE	ZIP CODE	PIN [4 CHARACTERS ONLY] _ _ _ _
TELEPHONE - (OPTIONAL)		BIRTHDATE [MONTH/DATE/YEAR]		
I agree to be responsible for all materials charged on my library card; to report a lost library card at once; to observe library rules; to pay promptly all charges; and to notify the library of any name change or address changes.				May we send you information about library services and programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF APPLICANT _____				

FOR PARENT / GUARDIAN OF MINOR APPLICANT

FIRST NAME OF PARENT / GUARDIAN		LAST NAME OF PARENT / GUARDIAN		
ADDRESS OF PARENT / GUARDIAN (Address, City, State, Zip)				DATE
This library card entitles your child to complete access to all printed materials of the County of Los Angeles Public Library. I assume responsibility for library materials borrowed by this child from the County of Los Angeles Public Library.				
SIGNATURE OF PARENT/GUARDIAN _____				

VIDEOCASSETTE / DVD CIRCULATION

My child **is** permitted to borrow videocassettes and DVDs. My child **is not** permitted to borrow videocassettes and DVDs.

PARENT / GUARDIAN initial here : [_____]

INTERNET ACCESS

The County of Los Angeles Public Library endeavors to develop and support collections, resources, and services that meet the informational, educational and recreational needs of a highly diverse public. Please note that filtering software does not provide complete and comprehensive filtered access to all materials that you or your child may find objectionable or offensive which may be found on the Internet. As with other Library materials and services, restriction of access to the Internet is the responsibility of the individual, or, as in the case of a child, the parent/guardian. The County of Los Angeles Public Library does not monitor and has no control over the information accessed through the Internet by library patrons and cannot be held responsible for its content. Please read the Library's materials regarding filtering software and Internet access.

My Child

- Is permitted to have **CHILDREN'S LIMITED** access to the Internet on the Library's computer which limits viewing of offensive or objectionable material more than 'general' access does.
- Is permitted to have **GENERAL** access to the Internet on the Library's computer. This allows access to the Internet except those sites that contain visually explicit sexual material.
- Is **NOT** permitted to access the Internet on the Library's computer (may use other available programs).

I have read and expect my child to comply with the terms of the County of Los Angeles Public Library's Internet Acceptable Use Policy (AUP). By signing this form, I acknowledge that I remain solely responsible for ensuring that my child is not exposed to objectionable materials from the internet while at a County Library and that the County Library cannot guarantee my child will not be exposed to objectionable materials through his or her own internet usage or through internet usage by other library patrons.

SIGNATURE OF PARENT/GUARDIAN _____

(Must sign in presence of Library Staff)

STAFF USE ONLY

REG BRANCH	CARD ISSUED	YES	NO	ID NO.	CNUM
QUALIFIER UN CS OS [NR CA _____ _____ _____ _____]	DIRECT LOAN CODE			CLASS	YA YV CH CV AD TL SG VP ST
QUICK REGISTRATION INPUT	SAM REGISTRATION INPUT	APPLICATION CHECKED		FULL REGISTRATION INPUT	FINAL REVIEW OF INPUT
BY	DATE	BY	DATE	BY	DATE

State law prohibits the release of registration information provided except with your permission or by order of an appropriate court.