

CANAL FULTON LIBRARY CARD APPLICATION

Revised: 6/18/2019

For Staff Only: Please verify name & address by checking Ohio Driver's License, Ohio I.D., personal checkbook, Current mail, etc.

Name & Address Verified _____ Staff Initials _____ CARD #: _____

Please print. Please read carefully and fill out completely.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

E-Mail Address: _____ **AND/OR** Text Message Phone#: _____@sms.oplin.org

Phone#: _____ Birth date: _____ Male Female

Residence is in: (Please check one)

- _____ Canal Fulton / Stark Co. _____ Lawrence Twp/Stark Co. _____ Clinton / Summit Co. _____ Franklin Twp / Summit Co.
- _____ Massillon / Stark Co. _____ Jackson Twp / Stark Co. _____ Tuscarawas Twp / Stark Co. _____ Other Ohio Co.
- _____ Other Stark Co. _____ Other Summit Co. _____ Other Wayne Co.

I apply for the right to use the library, and I agree to comply with all rules and regulations; pay all fines and fees; make good any loss or damage to materials incurred during use of my card; and give immediate notification of any change in address, telephone, or e-mail address.

Signature: _____ **Date:** _____

Parent/Guardian of Child

I agree to be responsible for any lost or damaged library materials and any fines incurred through use of my child's library card. I understand that it is my responsibility to supervise my child and his/her use of library materials and services.

Parent's Signature: _____

Print Parent's Name: _____ **Date:** _____ **(Over)**

CANAL FULTON LIBRARY CARD APPLICATION

For Staff Only: Please verify name & address by checking Ohio Driver's License, Ohio I.D., personal checkbook, Current mail, etc.

Name & Address Verified _____ Staff Initials _____ CARD #: _____

Please print. Please read carefully and fill out completely.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

E-Mail Address: _____ **AND/OR** Text Message Phone#: _____@sms.oplin.org

Phone#: _____ Birth date: _____ Male Female

Residence is in: (Please check one)

- _____ Canal Fulton / Stark Co. _____ Lawrence Twp/Stark Co. _____ Clinton / Summit Co. _____ Franklin Twp / Summit Co.
- _____ Massillon / Stark Co. _____ Jackson Twp / Stark Co. _____ Tuscarawas Twp / Stark Co. _____ Other Ohio Co.
- _____ Other Stark Co. _____ Other Summit Co. _____ Other Wayne Co.

I apply for the right to use the library, and I agree to comply with all rules and regulations; pay all fines and fees; make good any loss or damage to materials incurred during use of my card; and give immediate notification of any change in address, telephone, or e-mail address.

Signature: _____ **Date:** _____

Parent/Guardian of Child

I agree to be responsible for any lost or damaged library materials and any fines incurred through use of my child's library card. I understand that it is my responsibility to supervise my child and his/her use of library materials and services.

Parent's Signature: _____

Print Parent's Name: _____ **Date:** _____ **(Over)**

CARD #: _____ Date: _____

I do not want my child (Under 17 years old) to have internet access.

Parent's Signature: _____

Print Parent's Name: _____ Date: _____

Permission To Add Authorized User

The Patron Confidentiality Law (section 149.432 of the Ohio Revised Code) protects all records of library patrons from access by anyone other than the patron. The Canal Fulton Public Library can only use patron information to conduct library business for that specific patron. To comply with this law, the Canal Fulton Public Library needs your written permission to allow another person (spouse, family member, friend, etc.) access to your library record, to check out materials for you, check on overdue fines, or transact any other library business on your behalf. This does not apply to minors (persons under 18 years of age). The parent, guardian, or custodian of a child has the right of access to the child's records.

I understand that I must notify the library of any authorization changes. I give my permission for the following people to access my library record, check out materials, and transact any other library business on my behalf: (Please Print)

Authorized User

Authorized User

Signature: _____

Date: _____

CARD #: _____ Date: _____

I do not want my child (Under 17 years old) to have internet access.

Signature: _____

Print Parent's Name: _____ Date: _____

Permission To Add Authorized User

The Patron Confidentiality Law (section 149.432 of the Ohio Revised Code) protects all records of library patrons from access by anyone other than the patron. The Canal Fulton Public Library can only use patron information to conduct library business for that specific patron. To comply with this law, the Canal Fulton Public Library needs your written permission to allow another person (spouse, family member, friend, etc.) access to your library record, to check out materials for you, check on overdue fines, or transact any other library business on your behalf. This does not apply to minors (persons under 18 years of age). The parent, guardian, or custodian of a child has the right of access to the child's records.

I understand that I must notify the library of any authorization changes. I give my permission for the following people to access my library record, check out materials, and transact any other library business on my behalf: (Please Print)

Authorized User

Authorized User

Signature: _____

Date: _____