

Canal Fulton Library Card Application

Revised: 2/9/2023

For Staff Use 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: _____

Email Address: _____ AND/OR Text Phone #: _____ @sms.oplin.org

Check box to be added to our monthly newsletter email. You'll automatically be emailed the newsletter at the first of the month.

Phone #: _____ Birth Date: _____ : Male _____ : Female

Residence is in: (Please check one) _____ : Other/Prefer not to Identify

_____ 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 email address.

Signature: _____ Date: _____

Parent/Guardian of Child

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

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

I DO NOT want my minor child (under 17 years old) to have Internet access.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Permission to Add an 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 or their guardian in the case of a minor. 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 (or themselves), check on the status of you items/account, or transact any other library business on your behalf. This does not apply to minors (persons under 17 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 understand that anyone I allow access may utilize my card/account for their own checkouts and I shall be financially responsible if they lose or damage an item.

I give my permission for the following person/people to access my library account, check out materials and transact any other library business on my behalf. (Please Print)

Authorized User _____

Authorized User _____

Signature: _____ Date: _____