



SEMINOLE TRIBE OF FLORIDA
Center for Student Success and Services
Library Card Application

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THE FORM.

APPLICANT INFORMATION- Applicant must be 6 years of age or older to be approved for a Library card.

Name:

_____ *First* _____ *Middle* _____ *Last Name*

Date of birth: ____/____/____
MM / DD / YYYY

Address:

_____ *Street Address*

_____ *City* _____ *State* _____ *Zip Code*

Telephone:

_____ / _____ / _____
Home *Work* *Cell*

Would you like to receive the library
calendar by email? YES NO

Email Address: _____

EMERGENCY CONTACT INFORMATION

1) Emergency Contact: _____
Name Phone

Relationship to Applicant: _____

2) Emergency Contact: _____
Name Phone

Relationship to Applicant: _____

PLEASE READ AND SIGN:

I agree and will abide by all Library Policies and Procedures. I will be responsible for all materials borrowed and for all fines or charges incurred for late, lost and damaged materials.
I will follow the STOF Library Code of Conduct, and understand that any violation of these rules, may lead to the library privileges being suspended or revoked.

PATRON APPLICANT SIGNATURE

DATE

Library Staff Signature

Is the applicant a child under the age of 18?

YES NO

If yes to the previous question, please complete the Parent/Legal Guardian Section below

PARENT/LEGAL GUARDIAN INFORMATION

Name: _____
First Middle Last Name

Date of birth: ____/____/____
MM / DD / YYYY

Address: _____
Street Address

City State Zip

Telephone: _____
Home Work Cell

PLEASE READ AND SIGN:

I HAVE GIVEN PERMISSION FOR THE MINOR LISTED ON THIS APPLICATION TO RECEIVE LIBRARY PRIVILEGES. I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS BORROWED BY THE MINOR WITH THIS CARD AND FOR ALL FINES INCURRED, INCLUDING CHARGES FOR LATE, LOST AND DAMAGED MATERIALS. I UNDERSTAND THAT I AM TAKING RESPONSIBILITY TO ENSURE THAT THE MINOR WILL FOLLOW ALL LIBRARY RULES OF BEHAVIOR, AND THAT IF HE/SHE CHOOSES NOT TO COMPLY WITH THESE RULES, HIS/HER LIBRARY PRIVILEGES MAY BE SUSPENDED OR REVOKED.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINTED NAME OF PARENT/LEGAL GUARDIAN

To be filled out by Library Staff Member

Barcode #: _____

Date: _____

Staff signatures: _____