

**IBERIA PARISH LIBRARIES
Juvenile Registration (6-12 Yrs.)**

Please **PRINT** and fill in form **COMPLETELY** for a library card to be issued.

THIS CARD CAN ONLY BE USED TO CHECK OUT MATERIALS FROM THE CHILDREN'S DEPARTMENT

Name: _____
Last First M. Suffix

Mailing Address: _____
No. Street Apt# City State Zip

Home Address (if different): _____

LIBRARY POLICY: "Information required to obtain/continue use of a library card includes, but is not limited to, the last four digits of your Social Security Number, birth date, and driver's license number (when applicable)."

DATE OF BIRTH: _____

SOCIAL SECURITY # (last 4 digits only): _____

PARENT OR GUARDIAN: _____
Last First Middle

Mailing Address (if different): _____

Home Address (if different): _____

Phone: _____

Home Mobile

How would you prefer to receive library notices..... Mail Email Address

Email Address: _____

Place of Employment: _____

DRIVER'S LICENSE: _____ **SSN# (last 4 #s only):** _____ **DOB:** _____

- Please do not loan your library card to friends or relatives as you are ultimately responsible. Your library card is just like a credit card. Items are loaned to you and are expected to be returned in a timely manner. If not, late fees and/or replacement fees can be assessed to the account. In the event of non-payment, accounts are sent to a collection agency for collection.

-Please report lost or stolen cards immediately as you are responsible for all items checked out on your card.

-Please notify the library of any change of address.

**I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS
CHECKED OUT TO THE ABOVE PERSON.**

_____ Parent/Guardian's Signature

Employee Name: _____ **Date** _____
(PRINT)