

IBERIA PARISH LIBRARIES
 Adult Registration (18 Yrs & Above)

Please PRINT.
This form must be filled in COMPLETELY for a library card to be issued.

Name: _____
Last First M. Suffix

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

Home Address if different: _____

Phone: _____
Home Work Mobile

How would you prefer to receive library notices..... Mail Email : _____

Password/PIN#: _____
 (Enter the last 4 digits of your phone # here. This is the password you would use to access library internet services)

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) : _ _ _ _

**CIRCLE:
 MALE OR FEMALE**

DRIVER'S LICENSE (if applicable): _____

References: 1) _____
Name Phone

2) _____
Name Phone

Place of Employment/School: _____

- 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.

-Please assist us in keeping the library collection in good condition for all to enjoy.

I AGREE TO OBEY ALL LIBRARY RULES. _____
 Borrower's Signature

EMPLOYEE NAME: _____