

IBERIA PARISH LIBRARIES
 Young Adult Registration (13-17 Yrs.)


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: _____ Email: _____
Home Mobile

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

Password/PIN#: _____
(enter the last 4 digits of your phone # here)

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): _ _ _ _

DRIVER'S LICENSE # : _____

SCHOOL: _____

**CIRCLE:
 MALE OR FEMALE**

PARENT OR GUARDIAN: _____
Last First Middle

Mailing Address if different: _____

Home Address if different: _____

Place of Employment _____ Email address: _____

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

References: 1) _____

2) _____
Name Phone
Name Phone

-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 are 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

I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS CHECKED OUT TO THE ABOVE PERSON. _____ Parent/Guardian's Signature

Employee Name: _____