



Today's Date: _____

Oxnard Public Library
www.oxnard.org/library

Contact us:
librarysystems@oxnard.org



Library Card Account Application

CARDHOLDER INFORMATION - PLEASE PRINT CLEARLY

Last Name First Name Middle Name

Address City, State and Zip Code

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Telephone Birth Date Age (if under 18) E-mail Address

Please send me emails about library issues, services, events and support opportunities

IDENTIFICATION VERIFICATION

Driver's License

California ID Card

Other (please specify): _____

PERMISSION TO ALLOW ANOTHER PERSON ACCESS TO MY LIBRARY CARD ACCOUNT

I allow the following person(s) access to information held in my library card account for the purposes of:

- picking up holds paying late/lost item fees

Name Relationship Library Card Barcode No.

FOR PARENT OR LEGAL GUARDIAN OF MINOR APPLICANT

- I assume complete financial responsibility for all library materials borrowed by my child.
- I give my child permission to have a library card with access to all library collections.
- Or**
- My child may check out items from the Children's collections only.

Printed name of parent or legal guardian (First name, Last name) Signature of parent or legal guardian

I agree to be responsible for all materials checked on my library card account, to report a lost library card, to observe library rules and policies, to promptly pay any late or lost item charges, and to notify the library of an address or name change. I understand that I can view my account details at any time including any accrued charges online at www.oxnard.org/library. **OR**

I am applying for an Internet Only Library Card Account

Cardholder Signature: _____

For staff use only:

#2308400

Staff Initials: