

Library Card Account Application CARDHOLDER INFORMATION - PLEASE PRINT CLEARLY

First Name	Middle Name	Last Name
Birthdate:/_// Month / Day / Year	_ Age Group: □	Child (0-12)
Address, City, State and Zip Code		
Phone: ()	E-mail Address:	
Type of Library Card Being Applied For: ☐ I am applying for a library card with borrowing privileges. ☐ I am applying ONLY for a Digital/Internet Library Card Account.		
Send notices via: ☐ E-mail ☐ Please send me e-mails about	l und	Opt-out erstand if I opt out, I will still be billed for canceled holds vents, and support opportunities.
PARENT/GUARDIAN (OPTIOI	NAL) ne following without me be	LIBRARY CARD ACCOUNT OTHER THAN A ing present, and to have access to information held on my ay for lost/damaged item(s)
Name	Relationship	Library Card Barcode No.
FOR PARENT OR LEGAL GUARDIAN OF MINOR APPLICANT ☐ I give my child permission to have a library card with access to all library collections. OR ☐ My child may check out items only from the Children's collection.		
☐ I give my child permission to ha OR	ve a library card with acce	ss to all library collections.
☐ I give my child permission to hat OR ☐ My child may check out items of OR ☐ By getting a library card accomplete in the permission to hat OR ☐ I agree to be responsionable in the library of address of the library of the librar	ve a library card with accernly from the Children's colecount, you acknowledgesible for: all materials chective library rules and policiess or phone number charactured charges online at well.	ss to all library collections.
☐ I give my child permission to hat OR ☐ My child may check out items of OR ☐ By getting a library card accomplete in the permission to hat OR ☐ I agree to be responsionable in the library of address of the library of the librar	ve a library card with accessory from the Children's colections, you acknowledges before all materials chective library rules and policies or phone number characterized charges online at warry materials borrowed on the control of t	ge that (check box): ked out on my account or that of my child/ward, to report a es, to promptly pay for any lost or damaged item(s) and to nges. I understand that I can view at any time my account www.oxnard.org/library. I assume complete financial my account or that of my child/ward Date
☐ I give my child permission to hat OR ☐ My child may check out items of I agree to be responsional library card, to observation of the library of address of the library of address of the library of address of the library of all library of age, parent/legel (Under 18 years of age, parent/legel)	nly from the Children's col count, you acknowledgesible for: all materials checking library rules and policioness or phone number characterized charges online at warry materials borrowed on a graph guardian signature reco	ge that (check box): ked out on my account or that of my child/ward, to report a es, to promptly pay for any lost or damaged item(s) and to nges. I understand that I can view at any time my account www.oxnard.org/library. I assume complete financial my account or that of my child/ward Date

Last Updated: February 2023