



Canton Public Library
connecting your community

Library Card Application for Minor(s)

This application must be filled out by parent or legal guardian accepting full responsibility for minor account(s). Minor applicant(s) must reside at address of parent or legal guardian. Parent or legal guardian must provide proof of current address and photo ID.

Minor Applicant Information:

Birth Date _____

Gender M F

Name of Applicant _____
Last First Middle

Address _____ Apt# _____

City _____ State _____ Zip _____

Telephone (Primary) _____ (Alternate) _____

E-mail (Please provide parent or guardian's email address) _____

For email notification of overdue/reserve items and other library communications only. We will not share your email address.

I understand, by my signature, that I am responsible for the use of this card and any related charges per the library's policies. I certify that I am legally responsible for all materials borrowed on this card. I further understand that library staff will not monitor the use of this card and the borrowing of materials and/or computer usage on this account.

Parent/Guardian Name _____

Please Print Legibly

Parent/Guardian (Signature) _____ Date _____

Confidentiality:

It is the policy of Canton Public Library that all library records are kept confidential and only shared with the cardholder and parent/guardian accepting responsibility of card or as a result of appropriate legal orders. Additional users with proper identification may be granted complete access to this account at your discretion*. Please indicate names of additional authorized users below:

Name _____

Name _____

Name _____

*Please note: The parent or legal guardian accepts full responsibility of this account. You may change or void authorized users at any time by presenting identification to library check-out staff.

Staff Only P# _____ Staff Initials _____



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Last First Middle

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