

# Manson Public Library

## Library Card Application

Library cards will be issued to all qualified individuals who request one. This includes residents of the City of Manson, Calhoun County and anyone who qualifies through the Open Access program of the State Library of Iowa.

Check outs will be limited to 2 items (only 1 of which can be a DVD) for the first 30 days or until a "good standing status" can be verified by circulation records.

No interlibrary Loan requests will be filled until the "good standing status" can be verified.

The full library circulation policy is available upon request.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

Town \_\_\_\_\_ State IOWA Zip Code \_\_\_\_\_

County \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Ph. \_\_\_\_\_

For minors: Parent Name: \_\_\_\_\_

May the Manson Public Library may use pictures or video of you for publication? Yes \_\_\_ No \_\_\_

**PHOTO RELEASE AUTOMATIC 'NO' for minors without parental signature.**

**By signing this library card application, I agree to comply with the rules and regulations of the Manson Public Library, including the Computer and Internet Use Policy. I will not use the library's Internet connection for unethical, unauthorized, inappropriate, or illegal purposes. I agree to take responsibility for all materials checked out on this card. It is my responsibility to notify the library of any changes in my contact information.**

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Note:** Your parental signature acknowledges your responsibility for all library resources used by your minor child.

**Signature of parent or guardian is required for patrons under the age of 14.**

Parent Guardian Signature \_\_\_\_\_

\*\*\*\*\*

Barcode # \_\_\_\_\_ Patron Type \_\_\_\_\_

ID verification: DL# \_\_\_\_\_ Mail \_\_\_\_\_ City Records \_\_\_\_\_

School ID/Verification: \_\_\_\_\_