

MR. MRS. MS. NAME: _____
First Middle Last

DRIVER'S LICENSE #: _____ PIN: _____

Create your own Personal Identification Number for computer use and account access. Choose 4 to 10 letters and/or numbers.

LAST 4 DIGITS OF SSN*: _____ BIRTH DATE: ____/____/____

*OPTIONAL, FOR IDENTIFICATION PURPOSES ONLY

MAILING ADDRESS:

P.O. Box or Street Address Apt. # Home Phone

City Other Phone (Specify)

State Zip Code County

If other than Knox County, complete the bottom section.

EMAIL ADDRESS: _____@_____

Please send pickup, date due and overdue notices by email. You will receive *only* these notices. Your email address will not be shared.

RESIDENTIAL ADDRESS (If different from mailing address): _____

P.O. Box or Street Address Apt. #

City State Zip

I hereby apply for the right to use the Knox County Public Library System. I agree to comply with all rules and regulations. I agree to promptly pay all fines and to make good any damage or loss of library materials incurred by use of my card. I agree to give notice within ten days of loss of card or change of address. I acknowledge that failure to return materials may result in my account being turned over to a collection agency.

APPLICANT: _____ DATE: ____/____/____

GUARDIAN*: _____ DATE: ____/____/____

*NOTE: If the applicant is age 13 or younger, the signature of a parent or legal guardian is required, acknowledging responsibility for the use of the child's card including fees and materials. This library card provides access to all library computers, including games and the Internet. The library subscribes to a filtering service that attempts to block offensive sites available on the Internet. The library urges parents and legal guardians to monitor their children's use of the Internet.

CONFIDENTIALITY: Except for statistical data, all personal information contained on this application is considered confidential and will not be disclosed, shared, sold or otherwise distributed unless by individual court order.

OUT-COUNTY CARDS ONLY

An out-county card is available for a \$40 annual fee. Immediate household members may use this card if authorized.

NAME: _____ NAME: _____

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