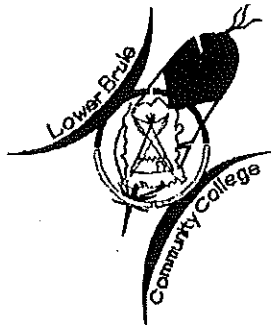


# Lower Brule Community College Library

## Library Card Application



Today's Date: \_\_/\_\_/\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Tribal Enrollment: \_\_\_\_\_

***If applicant is under the age of 14:***

Name of Parent or Guardian:  
\_\_\_\_\_

Parent or Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

How do you want to receive information about this account?

Phone \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_

**Borrowers Agreement**

**Read Before Signing!**

**I Agree:**

- To be responsible for all materials checked out with this card
- To pay all fines and fees associated with this card for late returns and damaged/lost materials
- To report any changes to my personal information
- To report if this card is stolen or lost
- To treat library materials and guest's with respect and care

**I Understand:**

- That my if library materials are damaged, lost or not returned I will lose my access to the library
- I will be charged the cost of replacement for any damaged or lost materials
- I will not be able to check out any new library materials until fees are paid

**Signature:**

X \_\_\_\_\_ Date \_\_\_\_\_

**As a parent or legal guardian of this borrower under the age of fourteen, I agree:**

- To be responsible for this borrower's selection and use of library materials
- To pay all fines and fees associated with this card
- To report the loss, theft, or abuse of this card immediately. I understand that I am responsible for all fines and fees and any items checked out on this card prior to being reported lost or stolen
- To report changes in this accounts information.

Name and Signature of Parent/Guardian:

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**For Office Use**

Library Card Number: \_\_\_\_\_

Staff Name: \_\_\_\_\_