ORGANIZATION LIBRARY CARD APPLICATION   SOUTH CENTRAL LIBRARY SYSTEM

IDENTIFICATION REQUIRED:
- **Photo I.D.** (i.e. Driver's license, state I.D. card)
- **Proof of Authorization** (letter on official letterhead from principal/head of organization)

ORGANIZATION INFORMATION (please print):

Organization Identity _____

Main Address _____

      Street, RR/Fire Number or P.O. Box   City, Village, Town   State   Zip

Main Phone (___) _____ **Email Address** _____

Primary Card user:

Name _____ **Title** _____

Work Phone _____ **Work Email** _____

Secondary Contact:

Name _____ **Title** _____

Work Phone _____ **Work Email** _____

Other Card User name(s) _____

I would prefer to be notified of my holds by: ☐ Email   ☐ Phone   ☐ Text

Pickup location for holds _____

Delivery of Library newsletter ☐ Email   ☐ Print   ☐ none

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)
- We will be responsible for all materials checked out on this card, including materials checked out by others with or without our consent, unless we have previously reported the loss of this card.
- We will report a lost or stolen card, or any change of information (name, address, phone, email) immediately.
- We will comply with all library rules and policies.
- We understand that there will be charges for lost, damaged, missing parts, stolen materials.
- We understand that the library provides access to a broad range of materials and that it is our responsibility to judge for ourselves and for our students what resources are appropriate for our use.

PRIMARY USERS' SIGNATURE/DATE :_____ **Date:** _____

HEAD OF ORGANIZATION SIGNATURE/DATE: _____

(Please print name) _____