



**Teen Limited Library Card
Registration Form
Poughkeepsie Public
Library District**

Barcode Number (to be completed by Library Staff)

Please complete and return this form in-person to Adriance Memorial Library Strba Teen Room or Children's Room to obtain your Teen Limited Library Card.

Name: _____
(Last Name) (First Name) (Middle Name)

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone _____

Email Address: _____

Date of Birth: _____ Gender: M F

Mailing Address (if different from above):

Address: _____

City/Town: _____ State: _____ Zip: _____

I understand that I will be responsible for all use made of my library card.

Signed: _____ Date: _____

I assume legal responsibility for my child's (under 18 years) loans.

Name: _____

Signed: _____ Date: _____

I have read, I understand, and I will abide by the Library District's Computer Use and Internet Agreement.

Name: _____

Signed: _____ Date: _____

I have read, I understand the Library District's Computer Use and Internet Agreement and grant consent for this minor's use of computers and internet.

Name: _____

Signed: _____ Date: _____