

**County of Los Angeles Public Library
DCFS-OHC Library Card Application**



PLEASE PRINT CLEARLY

FIRST NAME		MIDDLE NAME	LAST NAME	
STREET ADDRESS				APT. NO.
CITY		STATE	ZIP	PIN [4 CHARACTERS ONLY] [][][][]
TELEPHONE	BIRTHDATE [MONTH/DATE/YEAR]	SOCIAL SECURITY NO. (optional)	CA DRIVERS LICENSE/ID NO.	
I agree to be responsible for all materials charged on my library card; to report a lost library card at once; to observe library rules; and to notify the library of any name change or address changes.			Occasionally we notify our customers about Library issues, services, special events and support opportunities. If you prefer not to be contacted, please check here. <input type="checkbox"/>	
SIGNATURE OF APPLICANT _____				

TO BE FILLED OUT BY ADULT

VIDEOCASSETTE / DVD CIRCULATION:

I understand that my child **is not** permitted to borrow videocassettes and DVDs from the County of Los Angeles Public Library.

ADULT initial here : [_____]

INTERNET ACCESS:

The County of Los Angeles Public Library endeavors to develop and support collections, resources, and services that meet the informational, educational and recreational needs of a highly diverse public. Please note that filtering software does not provide complete and comprehensive filtered access to all "objectionable" materials that may be found on the Internet. As with other Library materials and services, restriction of access to the Internet is the responsibility of the individual, or, as in the case of a child, the parent/guardian. The County of Los Angeles Public Library does not monitor and has no control over the information accessed through the Internet and cannot be held responsible for its content.

I understand that my child is permitted to have **FILTERED** access to the Internet using a County of Los Angeles Public Library computer.

I have read and expect my child to comply with the terms of the County of Los Angeles Public Library's Internet **Acceptable Use Policy (AUP)**.

ADULT initial here : [_____] (Must initial in presence of Library Staff)

FIRST NAME OF ADULT	LAST NAME OF ADULT
ADDRESS OF ADULT (Address, City, State, Zip)	DATE

I understand this library card entitles my child to complete access to all printed materials of the County of Los Angeles Public Library.

I understand that this card is for the sole use of the applicant.

SIGNATURE OF ADULT _____

No fees will be charged for late or lost library materials on this card. An excessive number of library materials not returned may result in loss of library privileges.

STAFF USE ONLY

REGISTRATION BRANCH	CARD ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO	ID NO.	CNUM
QUALIFIER <input type="checkbox"/> UN <input type="checkbox"/> CS <input type="checkbox"/> OS [<input type="checkbox"/> NR <input type="checkbox"/> CA [][][]]	DIRECT LOAN CODE	CLASS <input type="checkbox"/> CZ <input type="checkbox"/> YZ	
QUICK REGISTRATION INPUT BY _____ DATE _____	SAM REGISTRATION INPUT BY _____ DATE _____	FULL REGISTRATION INPUT BY _____ DATE _____	FINAL REVIEW OF INPUT BY _____ DATE _____

State law prohibits the release of registration information provided except with your permission or by order of an appropriate court.