



New York
Public
Library

Application for an Adult/Teen Library Card (Ages 12 and Up)

PART I. PLEASE PRINT CLEARLY & PROVIDE ALL INFORMATION REQUESTED				
Last Name:		First Name:		
Middle Name Or Initial:		Date Of Birth (MM/DD/YYYY):		
Permanent Street Address:				
Apartment #:	City:	State:	ZIP Code:	
Email Address:		Telephone Number: () -		
Local Street Address (If Different):				
Apartment #:	City:	State:	ZIP Code:	

PART II. PLEASE ANSWER THE FOLLOWING QUESTIONS	
1. This application is for a	New Library Card? Replacement Library Card?
2. Do you already have a Brooklyn or Queens Public Library card? If so, enter the card number:	
3. Please choose an easy-to-remember four-digit Personal Identification Number (PIN):	
4. What is your age category?	Between 12-18 Between 19-64 65 & Older
5. What is your highest level of education completed?	Some School (K-8) GED High School Graduate 2 Year College 4 Year College Post-Graduate Degree
6. In what way would you prefer to receive notices from The Library?	E-Mail Telephone
7. Yes, I would like to receive e-communications about NYPL's programs, services & initiatives. <small>Note: Patrons who wish to stop receiving e-communications can do so by clicking the <i>Unsubscribe</i> link at the bottom of any message.</small>	

PART III. FOR PARENTS & FAMILIES		
The Library allows you to link your patron record to those of your family members to help expedite Library transactions. Note that family members will not be able to see the status of, or items borrowed on, your account. Please enter the requested information for each family member you wish to be linked to.		
Last Name:	First Name:	Card Number:
Last Name:	First Name:	Card Number:
Last Name:	First Name:	Card Number:

PART IV. PLEASE READ & SIGN YOUR APPLICATION
By submitting this application, I declare that all information provided is accurate & I agree to The New York Public Library's Cardholder Rules & Regulations, & accept responsibility for all use of the card, all library materials checked out on the card & all charges made against it. I understand that use of my library card is non-transferrable & in the event either the wallet-size or keychain card is lost or stolen, I will notify The New York Public Library immediately.
I understand that The Library's use of my personal information is governed by its Privacy Policy (available at nypl.org).
Applicant's Signature:

FOR LIBRARY USE ONLY	Home Library Location Code:	Expiration Date:	APPLY BARCODE LABEL HERE
	Network Library:		
	Home Region:	APATID:	
	Patron Type:	Scholar or Program Type (If Applicable):	

Application for a Children's Library Card (Ages 0-11)

PART I. PLEASE READ THE STATEMENT & WRITE YOUR NAME ON THE LINE PROVIDED
TO BE COMPLETED BY THE CHILD

I will take good care of the books & other Library materials that I use.

_____ *CHILD'S NAME*

PART II. CHILD'S NAME & ADDRESS: PLEASE PRINT CLEARLY & PROVIDE ALL INFORMATION REQUESTED
THE REMAINDER OF THIS APPLICATION MAY BE COMPLETED BY THE PARENT OR GUARDIAN

Last Name:		First Name:	
Middle Name or Initial:		Date of Birth (MM/DD/YYYY):	
Permanent Street Address:			Apartment #:
City:	State:	ZIP Code:	
Email Address:		Telephone Number: () -	
Local Street Address (If Different):			Apartment #:
City:	State:	ZIP Code:	

PART III. PLEASE ANSWER THE FOLLOWING QUESTIONS

1. This application is for a New Library Card? Replacement Library Card?
2. Does your child have a Brooklyn or Queens Public Library card?
If so, enter the card number: _____
3. Please choose an easy-to-remember four-digit Personal Identification Number (PIN): _____
4. In what way would you prefer your child to receive notices from The Library?
E-Mail Telephone

PART IV. FOR PARENTS & FAMILIES

You can link your child's record to those of his or her family members to help check out Library materials faster. Note that family members will not be able to see the status of, or items borrowed on, your child's account. Please enter the requested information for each family member you wish your child to be linked to.

Last Name:	First Name:	Card #:
Last Name:	First Name:	Card #:
Last Name:	First Name:	Card #:

PART V. PARENT OR GUARDIAN: PLEASE READ THE FOLLOWING STATEMENT, CHECK THE BOX BESIDE OPTION A. OR OPTION B., & SIGN YOUR NAME AFTER COMPLETING THE REMAINDER OF THIS APPLICATION

I hereby grant permission for my child to have a Library card. By submitting this application, I declare that all information provided is accurate & I agree to The New York Public Library's Cardholder Rules & Regulations, accept responsibility for my child's use of the card, all library materials checked out on the card & all charges made against it. I understand that use of my child's library card is non-transferrable & in the event either the wallet-size or keychain card is lost or stolen, I will notify The New York Public Library immediately.

I understand that The Library's use of my child's personal information is governed by its Privacy Policy (available at www.nypl.org.)

- A. My child may borrow adult as well as children's materials.
- B. My child may borrow children's materials only.

_____ *PARENT OR GUARDIAN'S NAME (PLEASE PRINT CLEARLY)*

_____ *PARENT OR GUARDIAN'S SIGNATURE*

FOR LIBRARY USE ONLY	Home Library Location Code:	Expiration Date:	APPLY BARCODE LABEL HERE
	Network Library:		
	Home Region:	APATID:	
	Patron Type:	Scholar or Program Type (If Applicable):	