



Library Card Registration

All information will be treated as confidential

Providence Public Library, 150 Empire Street, Providence, RI 02903 401 455 8000

Please Print

Last name _____ First _____ Middle _____

Date of Birth _____
Month Day Year

Local Mail Address: Street _____ Apt # _____
City _____ State _____ Zip _____

Alternate Address: Street _____ Apt # _____
City _____ State _____ Zip _____

Phone #1(best) _____ - _____ - _____ Phone #2 (cell/work) _____ - _____ - _____

Email address _____

____ Yes, I would like to receive my reserve notices and overdue reminders via email.

____ Yes, I would like to receive the monthly Library events newsletter by email.

School _____ Graduation Year _____

I agree to observe all rules and policies established by Providence Public Library and all other Ocean State Libraries. I understand that my failure to return library materials may result in legal action.

Signature _____ Date _____

_____ Parent/Guardian information for patrons under age 14 _____

Parent/Guardian name (printed) _____

Parent/Guardian RI License or ID# _____ Relationship to minor _____

I give permission for my child to receive a library card. I understand that my child will have unrestricted access to all resources in the Library. Any restriction of a child's access to library materials, electronic resources or the Internet is the responsibility of the parent or legal guardian. Media borrowing restriction forms for minors are available upon request.

Parent/Guardian Signature _____ Date _____

For library use only

Barcode _____ Ptype _____ Expiration Date _____

ID (License) _____ School/Organization _____

P/Codes: Age _____ Ward _____ Residence _____

LOCAL USE ONLY (PPL) - No Charge (for PPL materials only) OUT-OF-STATE = \$115 (for use @ all OSL libraries)

Staff Initials _____ Check By _____ Date _____ Check By _____ Date _____