



Providence
Public
Library

Library Card Application

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Name _____
LAST FIRST MIDDLE

Date of Birth _____
MM/DD/YYYY

Local Street Address _____

City _____ State _____ ZIP _____

Alternate Address (*if applicable*) _____

City _____ State _____ ZIP _____

Phone _____ Alternate Phone (*optional*) _____

Email _____

I prefer to receive library notices by Email Phone

I would like to receive the Library's e-newsletter Yes No

Are you a college student? **If yes**, please indicate your school and expected graduation date.

School _____ Month & Year of Graduation _____

I agree to abide by state library laws and local library regulations, and understand that I am solely responsible for taking good care of and punctually returning all materials borrowed with my (or my child's) library card.

SIGNATURE _____ DATE _____

For Applicants Under 13:

Parent's or Guardian's Full Name _____

Relationship to Minor _____

↓↓FOR STAFF ONLY↓↓

New Card Renewal Change of _____

Barcode _____ Expiration Date (*if not 3 years*) _____

ID Presented _____ Check if guardian's ID

Proof of Residency (*if applicable*) _____ Patron Type (*if not RI resident*) _____

Registered by _____ Checked by _____ Date _____ Checked by _____ Date _____