

Name (please print): _____
First Name
M.I.
Last Name

Local Address: _____
Street and/or PO Box #
Apt #

City
State
Zip

Permanent Address: _____
Street and/or PO Box #
Apt #

City
State
Zip

Do you live in rural Black Hawk County? : yes no

Phone #1: _____ Phone #2: _____

Birthdate: (month) (day) (year)

I understand that I am legally responsible for all library materials borrowed on my library card. I agree to pay fines or damages charged to me and to promptly report change of address or loss of card. A replacement fee will be charged for a lost card.

Applicant's Signature: _____

Applicant's e-mail address: _____

Would you like information about the Friends of the Library organization? : yes no

Would you like to sign up to receive our library newsletter? (e-mail address required) : yes no

_____ (please initial after reading the following):

In accordance with Code of Iowa 22.7, the Cedar Falls Public Library respects the privacy of all customers by maintaining the confidentiality of records relating to the circulation of library materials, computer database searches, interlibrary loan transactions, reference requests, and all other personally identifiable uses of library materials, facilities or services.

Information linking an item to a particular cardholder will be released only to the cardholder. Such records shall not be released to any individual or agency except by request or consent of the cardholder or pursuant to subpoena or court order. However, the library will release information to the parent or guardian of a minor child for the purposes only of recovering overdue material and settling accounts for lost, late or damaged material. Parents or guardians of minor children may wish to have only one card per family.

(for staff use only)

Barcode# _____