

THIS SECTION IS TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

This application is for library users under the age of 16. Applicant must present identification with current address, such as school identification, or parent/guardian identification. Parent/guardian must complete reverse side of application and sign.

PLEASE PRINT, USE ONE BOX FOR EACH LETTER OR SPACE.

First Name (in full)	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt. #	
<input type="text"/>	<input type="text"/>	
City	Zip Code	Social Security # of Minor (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (include area code)	Date of Birth	
<input type="text"/>	<input type="text"/>	

I authorize the minor child named above to borrow the following materials from
East Cleveland Public Library

- All library materials INCLUDING videos
- All library materials EXCEPT videos

I certify that the information on both sides of this form is correct. I agree to be responsible for all library material borrowed from East Cleveland Public Library by the minor named above and to pay for any overdue, damaged or lost items borrowed on this card. It is understood that under Ohio law, parents/guardians remain responsible for their minor child's library obligation up to the age of 18.

X _____
Signature (Signature and Authorization of parent/guardian required) Date