



SANTA CRUZ PUBLIC LIBRARIES

BORROWER INFORMATION FORM

Card # _____

Need new PIN? _____

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____
Month Day Year

ID / Driver's License # _____

Social Security Number (optional) XXX – XX – _____
(last four digits only)

Email Address _____

Telephone Number _____

Home Branch _____

Full-time College Student (Y or N) _____

Library Staff Use Only

Date _____

Staff Initials _____

ID Verified

DMV _____

School _____

Passport _____

Other _____

Address Verified _____

Home CA Library

Mailing Address

Residence Address

(if different from mailing address)

Number and street name or P.O. Box # _____

Number and street name _____

Apt # _____

Apt # _____

City, state, and zip code _____

City, state, and zip code _____

May your mailing and email information be shared with the Friends of the Santa Cruz Public Library? (Y or N) _____

Gender: F M

I understand it is my responsibility to keep my phone number, address, and e-mail address current with the library. I agree to obey the rules and regulations of the Santa Cruz Public Library System and to be responsible for all fines and fees incurred for overdue materials and lost or damaged items. In the event that my library card is lost or stolen, I understand that I am responsible for charges on it until the date that the library is notified of its loss or theft.

Signature _____