

**COVINGTON COUNTY LIBRARY SYSTEM
PATRON REGISTRATION FORM**

Name: Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ **Email:** _____

Cell Phone: _____ **Receive Text Messages:** yes / no

Birthday(mm/dd/yy): ____/____/____ **DL/State ID#:** _____

Maintain Reading List: yes / no

By signing below, I agree to be responsible for all items borrowed with the library card issued to the individual named above, including items borrowed with it by others with or without my consent unless I have reported the loss of the card. I agree to comply with all library rules and policies as set forth in the CCLS Policy Manual, and to give prompt notice of change of address or loss of card.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Staff Verification: _____ **Date:** _____