REGISTRATION

Please Print	Today's Date:					
Name:	First	Middle	Las	t	Jr./Sr./III	
Address:		Street Address/Apt. # (Ac	ddress Verification R	equired)		
	City		State		Zip Code	
Please check:	☐ Permanei	nt Address 🖵 Tempor	ary Address			
Home Phone:			Type: _	Landline/Cell		
Second Phone	:		Type: _	Landline/Cell		
E-mail:						
If you wish t	to receive no	tices by text messaging	g, please compl	ete:		
Mobile Phon	e:	Carrier:				
☐ I wish to	receive text ı	messages as my only fo	rm of library no	tice.		
Birthdate:	mm / dd / y	(Required for	customers und	der 18 years	old)	
Parent/Guardi	an Name: _	First		Last		
Children 14 aı	nd older:		ocument with a			
By submitting n will abide by will notify the	ny registration, all Harford Co library imme	, I accept responsibility junty Public Library policied additionally. I agree to use force, ask questions, and	for all materials es. If any inform and enjoy Harfor	borrowed on to ation on this f rd County Publi	orm changes ic Library, be	

For Library Use Only

Barcode Number:					
Identificati	on:				
Approved 5	⊒ Yes		No		
ID Shown:					
Driver's Lice	ense No).			
MVA Picture	e ID No				
Other MD Si Picture ID	tate De	pts.	`		
☐ Recent I	Jtility	Bill			
☐ Military	ID & 0	rder	S		
PIN:					
Gender 🖵	Male	0	Female		
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BTYPE:	Stuj	ij 1111	uus		
ADU	JUV	Y	AD		
SPC	GRS	PRC			
SCF	VSP	٧	AD		
VJU	VYA	R	RD		
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Access • Information • Service
Anytime • Anywhere