

STUDENTS

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HOME ADDRESS (street, apt. #, borough, zip)
PHONEEMAIL (optional, for notifications)
NOTICE PREFERENCE Email Phone
BIRTH DATE (MM/DD/YYYY)
STUDENT SIGNATURE
I agree to take care of the books I borrow and will return them in the condition I borrowed them.
PARENT/GUARDIAN NAME (first name, middle initial, last name)
PARENT/GUARDIAN SIGNATURE (required for students under 12)
Parent/Guardian is responsible for materials checked out on a child's card.
Parents/Guardians, please choose:
My child may borrow ONLY children's materials
My child may borrow ALL library materials, including teen and adult items

For more information or to find out if your school participates, visit: MYLIBRARYNYC.ORG









