

Library Card Application Form

for children 11 and under

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Date of Birth: _____

Physical Address

Street, Apt: _____

City, State, Zip Code: _____

Mailing Address (if different than physical)

Street, Apt: _____

City, State, Zip Code: _____

Laconia School Attended (if child does not live in Laconia)

Primary Phone: _____

Per NH RSA 201-D:11 the library is legally unable to share information about the account with anyone other than the named cardholder, unless requested and verified via form by a minor's parent or guardian. If the phone number or email does not belong solely to the patron, the library will default to notices by phone call.

This section is required for parents/guardians of children 11 and under

In order for a child to get a library card in their own name, you, as legal guardian, agree to take financial responsibility for any materials taken out on that child's card. The card must be presented at each transaction if the child is not present.

- Library records will only be released as required by RSA 201-D:11.

A parent whose account is not in good standing may not use the juvenile/child card in place of their own.

I, (Parent/Guardian's name) _____, acknowledge that I am financially responsible for any lost or damaged materials taken out on (Child's name) _____ 's library card.

Parent/Guardian's signature

Date



LACONIA
PUBLIC LIBRARY

695 N Main Street
Laconia, NH 03246
(603) 524-4775

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