



SANTA CRUZ PUBLIC LIBRARIES

BORROWER INFORMATION FORM

Card # _____

First Name

Middle Name

Last Name

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

Home Branch:

Notification / eReceipt Options (Checkbox)

Email Address:

Email notices only:

Telephone Number:

Email notices and TXT Messages:

For TXT Opt-in Only

TXT Messages Only:

Phone Carrier:

eReceipts by Email:

Standard text messaging rates may apply.

eReceipts by TXT:

Gender: F ___ M ___ Decline to State / Other ___

Date of Birth:

Month Day Year

Full-time College Student? (Y or N)

Identification:

or Social Security Number: xxx - xx - _____

Driver's License #

or Other ID: _____

Opt-in to receive special notifications and e-newsletters from the Santa Cruz Public Libraries (SCPL) and the Friends of the Santa Cruz Public Libraries.

Yes: _____ No: _____ Opt-in for SCPL Only: _____

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 Libraries 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 _____