

Tulsa City-County Library • Application for Library Card

400 Civic Center, Tulsa, OK 74103-3830

To qualify for a free library card, someone in your household must live, work, go to school or pay property taxes in Tulsa County, or live, work or go to school within the city limits of Broken Arrow, Sand Springs, Skiatook, Sperry or Tulsa.
If you do not meet the requirements for a card, you may purchase one for \$50 per household per year.

Please complete the following form. Show identification with proof of current mailing address. **ALL INFORMATION IS CONFIDENTIAL.**

Name and Address

Last Name: _____ First Name: _____ Middle Name: _____ Year of Birth: _____

Home Address: _____ Apartment Number: _____ Telephone: _____ Alternative Telephone: _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

County: Tulsa Other: _____

P.O. Box or primary mailing address if different from above (Please provide verification.): _____

Select **ONE** method by which you would like to be notified concerning available and overdue items: E-mail **OR** Telephone **OR** U.S. Mail

For Library Cardholders Under 18

Parent's Name: _____ Address: _____ Home Phone: _____

I agree to accept responsibility for all materials borrowed on my child's card and to notify the library immediately if the card is lost or stolen.

Signature of Parent: _____ Date: _____

For College Students

Name of College: _____ Address: _____

I agree to accept responsibility for all materials borrowed on my card and to notify the library immediately if the card is lost or stolen.

Signature: _____ Date: _____

For Adults

Business Name: _____ Address: _____ Business Phone: _____

I agree to accept responsibility for all materials borrowed on my card and to notify the library immediately if the card is lost or stolen.

Signature: _____ Date: _____

PLEASE SEE BACK OF FORM. 

 **For Adults Only**

This option allows another adult to pick up items for you that have been placed on hold. It also allows another adult to pay your fines or find out what you have checked out. If you would like to have this option, please fill out the following section.

I grant the library permission to link my library record to the record of (name) _____ Card Number: 22345 _____.

In linking these records I understand that the information from these records could be revealed to me and to the person linked to my record and that the person linked to my record will be permitted to pick up library materials being held in my name. Both adults must have a signature on file with the library for this option to be available.

Signature: _____ Date: _____

 **For Parents Only**

All minors will have access to the Internet on library computers. All Internet access is filtered on all library computers. If you would like to deny access for your child, please fill out the following section.

My child, _____, Card Number: 22345 _____, should not have access to the Internet.

Signature: _____ Date: _____

STAFF USE ONLY

Date: _____ Card Number: 22345 _____ Staff Name: _____

Linked to (if applicable)

Name: _____ Card Number: 22345 _____ Relation of Card Linked to: _____

Staff Notes: _____