

Cline Library Minor Account Form

The parent or guardian of the child must complete and sign this form in order for their child to have borrower privileges at Cline Library. The account will be in the parent or guardian's name with a note stating the child's name and privilege to use the account.

(n) PARENT'S LAST NAME: _____ PARENT'S FIRST NAME: _____

(a) STREET ADDRESS: _____

CITY/STATE/ ZIP: _____

(t) LOCAL PHONE #: _____ - _____ - _____

(x) AZ DL# or AZ ID #: _____ EXP DATE: _____

(z) EMAIL ADDRESS: _____

(o) DATE OF BIRTH (MM/DD/YYYY): _____

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(x) CHILD'S LAST NAME: \_\_\_\_\_ CHILD'S FIRST NAME: \_\_\_\_\_

CHILD'S DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

**I verify that the above information is correct and I assume financial responsibility for materials borrowed or charges incurred on any account issued from this application.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

Staff person's initials \_\_\_\_\_