



# Harris County Public Library Card Application

Please Print in Blue or Black Ink

Do Not Write In Shaded Area

DATE: _____	BRANCH: _____	<input type="checkbox"/> Adult <input type="checkbox"/> Child (under 18) <input type="checkbox"/> Other _____
LIBRARY CARD NUMBER: <u>2 4 0 2 8</u> _____		

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
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You need a PIN along with a library card number to review account information, renew materials or place holds online at home or with a public computer located at any of our HCPL Branches.	<b>CHOOSE OR RECONFIRM PIN.</b> PLEASE USE A 4 DIGIT NUMBER _ _ _ _	<b>MOTHER'S MAIDEN NAME OR OTHER CODE WORD</b> (REQUIRED FOR PIN)
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<b>MAILING ADDRESS</b> (PLEASE PROVIDE PROOF OF CURRENT MAILING ADDRESS.) STREET OR P.O. BOX _____ APT: _____	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>EMAIL ADDRESS</b> (LEAVE BLANK IF YOU DO NOT WANT TO RECEIVE NOTICES BY EMAIL.)	<b>HOME PHONE</b>	<b>WORK PHONE</b>
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<b>COUNTY OF RESIDENCE</b>	<b>TEXAS DRIVERS LICENSE NUMBER</b> (OPTIONAL)	PERSONS ALLOWED TO CHECK OUT YOUR RESERVED MATERIAL ON THEIR HCPL CARD
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**PARENTS' OR GUARDIANS' NAMES FOR CHILD:** ACCESS TO INFORMATION CONCERNING THIS LIBRARY CARD WILL BE RELEASED ONLY TO CARDHOLDER AND/OR PERSONS LISTED HERE.

**APPLICANT'S SIGNATURE:** I ACCEPT FINANCIAL RESPONSIBILITY FOR ALL ITEMS CHECKED OUT ON THIS HARRIS COUNTY PUBLIC LIBRARY CARD.

(Parent or guardian must sign for a child under 18)