



HAMILTON COUNTY LIBRARY
CONNECTING · COMMUNITY · EDUCATION

STUDENT LIBRARY CARD

Student Name	First:	Last:
Home Room Teacher and Grade		
Parent/Guardian Name(s)	First:	Last:
Address	Mailing:	Physical:
City:	State:	Zip:
Contact Information	Home Phone:	Cell Phone:
E-mail	**Elementary Students Please Provide Parent's Email, Junior High and High School Students Please Provide Student Email and/or Parent's Email**	
E-mail Reminder	Preferred day to receive e-mail reminder of currently checked out materials. (Please circle only one) Monday Tuesday Wednesday Thursday Friday Saturday Sunday Opt-Out	
Check Out History	<input type="checkbox"/> I want the library to keep a list of my child's check out history. <input type="checkbox"/> Do not keep a list of items that my child has checked out.	
Picture Usage	<input type="checkbox"/> I allow the library to take and use pictures of my child during school visits for use on social media, newspaper and other marketing materials. <input type="checkbox"/> Please do not take or use my child's photo.	
Agreement Signature	I am the legal parent/ guardian of the above student and I have read and agree to be responsible for his/her compliance with the Student Library Card and Borrower Policy. Parent/Guardian Signature: _____	

FOR INTERNAL USE:	Card Number	Date of Application