

Select card option:

Full borrowing privileges

Three for Me

(for youth under 18 without ID or unaccompanied by parent/legal guardian. Must live in Saratoga Springs City School District)



SARATOGA SPRINGS PUBLIC LIBRARY

49 Henry Street | Saratoga Springs, New York 12866 | 518-584-7860

YOUR LIBRARY CARD APPLICATION

Driver's License Number: _____ State: _____

Name: _____
(First) (Middle Initial) (Last) (Suffix)

Date of Birth: ____/____/____ (MM/DD/YYYY)

Address: _____ Apt./Lot: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name of parent or legal guardian (if required) _____

Mailing Address (if different):

Street/PO Box: _____ Apt./Lot: _____

City: _____ State: _____ Zip Code: _____

Please Read Carefully:

I (we—parent and child) agree to observe all rules established by the library and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late returns, losses, or mutilation of library materials. I will notify the library if my card is lost or if I change my name, address, phone number, or e-mail address.

Signature of borrower

Signature of parent/guardian (if required)

Please select your notification preferences: Email Mail

Email & Text Message Alerts* Cell Phone Number: _____ Provider: _____

*Charges from your text message provider may apply, check with your carrier.

Would you like to receive e-receipts instead of paper receipts? Yes No

Would you like to receive e-newsletters relating to library programs? Yes No

Staff Use:

Address verified? Yes No Date: _____

Initials: _____

Barcode # 10002 _____

SSCSD Resident? Yes No