

PARENT SIGNATURE (Student signature if over 18)

LIBRARY CARD APPLICATION

Dear Parent or Guardian,

We want every child to have a Library Card! To apply for a card, or to receive a free replacement card, please complete the form below. You may return this letter to your child's school or you may mail this form to the Library. We will mail the card to your home address. Cards mailed must be activated at the Library Help Desk before they can be used.

We hope you and your child will visit the lowa City Public Library often. By introducing your child to the Library and reading, you are setting the stage for lifelong learning, literacy, and a love of books.

۷VI	ith best wishes,	Ret		to your school or mail it to:	
N	, 40		LIBRARY CARDS		
Ø	am winder		Iowa C	a City Public Library	
			123	S. Linn Street	
Sa	m Helmick		lowa	a City IA 52240	
Co	mmunity and Access Services Coo	ordinator			
1.	☐ My child has had a card in t☐ I am unsure, please issue a	orary Card from the Iowa City Pu he past but we don't know when	olic Library. e it is. Please iss	sue a new card.	
2.	Which school does your child a	ttend?			
3.	Complete the following with in	formation for the child applying	for a Library Co	ard: (Please print)	
	FIRST NAME	MIDDLE INITIAL		LAST NAME	
	FIRST NAME	MIDDLE INITIAL	lowa	LAST NAME	
	FIRST NAME MAILING ADDRESS	MIDDLE INITIAL	lowa STATE	LAST NAME ZIP CODE	

Please print NAME OF PARENT/GUARDIAN