

# ADULT STILLWATER PUBLIC LIBRARY CARD APPLICATION

Photo I.D. and Proof of Street Address Required

- ADULT \_\_\_\_\_ COLLEGE STUDENT (over 18) \_\_\_\_\_
- Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_

USER ID  
40630001 \_\_\_\_\_  
(For staff use only)  
STAFF INITIALS \_\_\_\_\_  
DATE: \_\_\_\_\_

**NAME**

LAST	FIRST	MIDDLE NAME/ Initial	

**DRIVER'S LICENSE # OR ALT ID #**

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**DATE OF BIRTH**

M	M	D	D	Y	Y	Y	Y
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**PHONE NUMBER**

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AREA CODE

**CONTACT PREFERENCE (MARK ONE)**

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**E-MAIL**

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If you would like to receive the Library Newsletter via e-mail, please check here \_\_\_\_\_

**ADDRESS** (IF P.O. BOX, PROOF OF STREET ADDRESS REQUIRED. WRITE BELOW)

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STREET

Apt or Trailer Number

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CITY

STATE

ZIP CODE

**STUDENTS AND TEMPORARY RESIDENTS: PERMANENT ADDRESS  
OR ALTERNATE STREET ADDRESS FOR PATRONS WHO RECEIVE MAIL AT A P.O. BOX**

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STREET

Apt or Trailer Number

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CITY

STATE

ZIP CODE

**PLEASE CONTINUE ON OTHER SIDE**

# Release of Account Information

The Stillwater Public Library does not give out information about your use of the library and its resources without your permission. See Oklahoma Statute Title 65 Section 1-105 Disclosure of Records regarding confidentiality.

Fill out the box below only if you wish to grant access to your account information.

Listed below are people who may:

- Receive information on my account including, checkouts, holds, fees, and contact information.  
and
- Pick up items on reserve for my account.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Cardholder