



Circulation Department  
Alden Library  
Athens OH 45701  
740/593-2695

**APPLICATION FOR LIBRARY PRIVILEGES**  
**Visiting Schools MINORS application**

- Please provide the information requested below in order to permit your child to check out library books at Alden Library. **The card will be issued to YOU on behalf of your child using your Ohio Driver's License Number. (We will also accept a State of OHIO ID card)**
- Please note that the PARENT is responsible for the replacement cost and fees for lost items checked out by your child.
- Please instruct your child NOT to check out items for friends.

**\*\*All information below is required in order to receive a library card for check out privileges.**

**PLEASE PRINT LEGIBLY**

\*\*Child's Name: \_\_\_\_\_ \*\*Teacher's Name: \_\_\_\_\_

\*\*Name of School \_\_\_\_\_

\*\*Parent's Name: \_\_\_\_\_

\*\*Parent's Address: \_\_\_\_\_  
Street City State Zip

\*\*Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**\*\*Must provide the following:**

Parent's OHIO Driver's License or State of OHIO ID # \_\_\_\_\_

**There will be a limit of 5 books checked out at a time.**

By my signature, I permit my child to obtain a library card and check out books at Alden Library. While I understand there is no cost to obtain these library privileges, I agree to be responsible for the items checked out by my child and agree to pay the replacement costs of any damaged or unreturned library material.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date